COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF

PUBLIC HEALTH DEPARTMENT

For the Year 1955

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE

Chairman:
Alderman Mrs. M. Broom.

Vice-Chairman
Alderman B. S. Clarke, Ph. C., M. P. S.

The Mayor

Councillor Mrs. H. Crawford
Councillor Mrs. W. M. Dalwood
Councillor C. P. Elmore, A. M. Inst. W. & H. S.
Councillor Miss E. Fowler
Councillor H. Fortescue
Councillor Mrs. F. Godfree
Councillor L. T. Lewis
Councillor W. A. R. Long
Councillor Mrs. V. Muncy
Councillor E. W. Penn
Councillor A. H. Pilkington
Councillor Mrs. G. Poole
Councillor Mrs. V. E. Smith

Co-opted Members:
B. F. Allen, Esq., J. P.
Dr. C. A. G. Cato
Mrs. L. A. Lewis

CARE, AFTER-CARE AND WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, B. F. Allen, Esq., J. P. and Revd. J. D. Mann, M. A.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis and Dr. C. A. G. Cato.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE

The Council Members of the Health Committee, together with Mesdames A. E. Jarvis, F. E. Monk and L. A. Lewis

JOINT HEALTH AND EDUCATION COMMITTEE

Chairman: Alderman B. S. Clarke, Ph. C., M. P. S.

Vice-Chairman: Alderman Mrs. M. Broom.

The Mayor

Alderman H. N. Bride
Councillor Mrs. Crawford
Councillor Mrs. W. M. Dalwood
Councillor Mrs. F. Godfree
Councillor Miss E. Fowler
Alderman P. B. Renshaw, I. S. O.
Councillor L. W. Johnson
Councillor A. V. Mussett
Councillor Mrs. G. Poole
Mrs. S. S. Sylvester

ANNUAL REPORT

This report, which I have the honour to submit, is prepared in accordance with Ministry of Health Circulars 28/54 and 17/55.

A regression from the low infant mortality rates of the previous two years is recorded and discussed. The figures for tuberculosis mortality and morbidity indicate that the effective control of this disease is now in sight.

An epidemic of measles and a high incidence of poliomyelitis are recorded.

I am most sensible of the consideration and support which the Department continued to receive from all the Committees which it serves. With the passage of time my obligations to my staff grow steadily, and grateful opportunity is taken of acknowledging its unfailing loyalty and support. This Report is the record of its achievements.

J. Stevenson Logan

MEDICAL OFFICER OF HEALTH

VITAL STATISTICS, 1955.

POPULATION

Census 1951	151,830
At mid-year 1955, as estimated by Registrar General	154,800
At mid-year 1939, as estimated by Registrar General	137,800

		SOUTHEND-ON-SEA	England and Wales	London Administrative County
		Rates per 1,000 Population		
Births: Live-				
Total	1,922	**13.29+**	15.0	15.06
Males 966				
Females 956				
		Rates per 1,000 Total Births		
Births: Still-				
Total	30	**15.37**	23.1	20.24
Males 14				
Females 16				
		Rates per 1,000 Population		
Deaths:				
Total	2,085	**10.64+**	11.7	11.50
Males 984				
Females 1101				
Deaths from:				
Whooping Cough	–	–	0.00	0.00
Diphtheria	–	–	0.00	0.00
Respiratory Tuberculosis	14	**0.09**	0.13	0.16
Influenza	10	**0.06**	0.07	0.05
Acute Poliomyelitis	–	–	0.00	0.00
Pneumonia	133	**0.86**	0.47	0.63
Cancer of lung and bronchus	46	**0.29**	0.39	0.57
Males 43		**0.61**	0.69	0.99
Females 3		**0.03**	0.11	0.19
		Rates per 1,000 Live Births		
Deaths from all causes under 1 year of age:				
Total	44	**22.89**	24.9	23.31
Males 22				
Females 22				
Deaths from Enteritis and Diarrhoea under 2 years of age	1	**0.52**	0.75	0.54
		Rates per 1,000 Total Births		
Women dying in, or in consequence of, childbirth:				
Total	1	**0.51**	0.64	0.77

Note 1. The rates marked + are adjusted rates, being calculated by multiplying the "crude" rates by comparability factors, namely, Births 1.07 Deaths 0.79.

2. The rates for England and Wales are based by the Registrar General on the quarterly returns and are "provisional".

POPULATION

The estimated mid-year population, at 154,800 was 600 more than mid-1954.

BIRTHS

There were 1,922 live births, 103 fewer than in 1954 and 127 fewer than in 1953. The expectation that there would be no significant variation in the total of births was again fulfilled.

The total illegitimate births, 104, was 3 fewer than in 1954 and 14 fewer than in 1953.

STILLBIRTHS

The 30 stillbirths registered during the year were 1 more than in 1954. The rate per thousand total births rose from 14.12 to 15.37.

DEATHS

The number of Southend residents who died during the year was 2,085 as compared with 1,987 in the previous year. The male total mortality was 984, being 4 more than in 1954 while the female total rose from 1,007 to 1,101, being 94 additional deaths, the main causes of which were malignancy 31, coronary disease 30, and pneumonia 28.

Tuberculosis

There were 14 deaths from pulmonary tuberculosis, 7 males and 7 females. This total, the same as for last year, is very satisfactory, particularly as half the patients now notified are under treatment before becoming resident, the rates per 1,000 being 0.09 as compared with 0.16 in England and Wales.

Cancer

There were 364 deaths (175 males and 189 females) being 12 more than in 1954. The 52 deaths from cancer of the female organs (breast 39 and uterus 12) outweigh the excess of male mortality (43 as compared with 3 female) from lung cancer. Deaths from lung cancer fell from 70 to 46.

Vascular Lesions of the Nervous System

There were 343 deaths (124 males and 219 females) from these causes.

Heart Diseases

There were 665 deaths (339 males and 326 females) from this cause. Of these 548 (males 255 and females 293) were over the age of 65. Coronary disease and angina accounted for 347 deaths (males 201 and females 146), hypertension with heart disease for 61 (males 28 and females 33) and other forms of heart disease 257 (males 110 and females 147).

The mortality of 1955 from heart disease conformed very much to the pattern of 1954. As compared with 1954 there were 8 additional female and 4 fewer male cardiac deaths at ages 65–75, and15 additional deaths from this cause at ages over 75.

Violence

Motor vehicle accidents caused 13 deaths, (7 males and 6 females), of these, 1 male and 6 female deaths were aged 65 and over. There was 1 death between 15–25 years, 3 between 25 and 45, and 2 between 45 and 65.

All other accidents cost 39 lives, (16 males and 23 females) being 4 more than in the previous year. Deaths from suicide fell from 21 to 18; of the 8 male deaths, 5 were between 45 and 65, 1 was aged 65–75 and 2 were over 75 years. The female suicides were 1 in the age group 25–45, 5 aged 45–65 and 4 over 65.

Infant Mortality

There were 44 deaths in the first year of life, 8 more than in 1954. This is at the rate of 22.89 per thousand live births as compared with the national rate of 24.9. The gap between local infant mortality and the rates for the country as a whole, was again narrowed, because the cumulative effects of prosperity and developing social services are shown in the less favoured areas. The increase in the Southend-on-Sea rate is disappointing but hardly unexpected.

Maternal Mortality

There was 1 death from maternal causes giving a rate of 0.51 per thousand total births compared with the national rate which has further declined to 0.64 per thousand.

Deaths of Children of School Age

The Registrar General assigns eight deaths of children aged 5–15 to this area, (5 boys and 3 girls), but only seven (4 boys and 3 girls) can be identified. Causes of death were: -

Meningitis
Leukaemia
Congenital Heart (Mongol)
Drowning (Accidental)
Pneumonia (Cerebral Palsy)
Epilepsy
Virus Infection of Brain

It will be seen that of the dead children, one half suffered from severe developmental conditions or serious idiopathic disease which were, in three instances, directly associated with the eventual cause of death.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical and Dental Staff: Whole time.

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; Principal School Medical Officer.

John Conway Preston, M.R.C.S., (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy Principal School Medical Officer.

John Greenhalgh, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; School Medical Officer.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.), Assistant Medical Officer of Health; School Medical Officer.

Dorothy Irene Klein, M.B., Ch.B., D.Obst.R.C.O.G., Assistant Medical Officer of Health, School Medical Officer.

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Principal School Dental Officer.

Kenneth Ballantyne, L.D.S., R.C.S (Eng.), Assistant School Dental Officer. Resigned 26.4.55.

Medical Staff and Dental Staff: Part time.

Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E.G.Sita-Lumsden, M.A., M.D. (Cantab.), M.R.C.P., M.R.C.S., Consultant Physician for Tuberculosis.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Southchurch Infant Centre.

Mary Cecila Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer, Westcliff Infant Clinic and Shoeburyness Infant Clinic

Thomas Lee, M.A., M.R.C.S., L.R.C.P., Medical Officer, Leigh Infant Clinic.

Margaret Belton, M.B., B.S., D.C.H., Medical Officer, Southend Infant Centre until 20.12.55. (Paediatric Registrar, General Hospital, Southend-on-Sea.)

G.Thornton Dudley, M.B., B.Ch., Medical Officer, Southend Ante-Natal Clinic.

Ronald Salter, L.D.S., R.C.S. (Eng.), Assistant School Dental Officer.

Principal Lay Officer, Chief Clerk and Ambulance Officer.

Ernest A.Beasant.

Health Visitors and School Nurses:

Superintendent: Miss E.M.M.Roberts (a), (b), (cc), (h).
Miss M.N.Withams (a), (b), (cc).
Miss D.E.Stevens (a), (b), (c), (d).
Mrs.A.M.Hart (a), (b), (c), (e).
Miss F.L.Blackbourn (a), (b), (c).
Miss M.K.Lock (a), (b), (c).
Mrs.J.M.Fairfax (a), (Ib), (c), (i).
Mrs.U.MacGrath (a), (b), (c), (h).
Miss M.Brennan (a), (b), (c), (d).
Miss J.M.Gaillard (a), (Ib), (c).
Miss E.J.Watson (a), (Ib), (c).
Mrs.L.M.Firsht (a), (Ib), (c).
Miss B.A.Russell (a), (b), (c).

Student Health Visitors under Training:

Miss M.E.Kidder (a), (Ib).
Miss M.E.Bryant (a), (b).
Miss M.W.Nichols (a), (b), (d).
Miss K.Noonan (a), (b), (d), (e).

Tuberculosis Health Visitors:

Mrs.E.E.Rowden-Roberts (a). Retired 27.6.55.
Mrs.C.M.Wilson (a), (b), (c).

Municipal Midwives:

Miss K.Boosey (b).
Mrs.F.D.Etherington (b).
Mrs.C.M.Eggleston (b). Retired 8.12.55.
Miss A.M.Kerswell (b).
Miss W.M.Randall (a), (b).
Mrs.P.Priest (b).
Miss R.Hodges (b).
Miss I.G.Prince (a), (b). Resigned 20.6.55.
Mrs.C.M.Guildford (a), (b).
Mrs.S.A.Franklin (a), (b).
Miss O.M.Cooper (a), (b).
Miss B.J.Adcock (a), (b), (d). Transferred from Home Nursing Service 6.6.55.
Miss D.A.I.King (a), (b). Appointed 5.12.55.

District Nurses:

Full-time Staff:

Superintendent of District Nurses and Midwives,
Miss D.G. Head (a), (b), (c), (d).
Deputy Superintendent of District Nurses and Midwives,
Miss G.M.Willcocks (a) (b), (c), (d), (h).
Miss C.Gallehawk (a).
Mrs.R.R.Clark (a), (d).

Miss F. Poskitt (a).
Mrs. A. L. Ventris (g).
J. Guildford (a), (d).
E. Stephenson (a), (d).
Miss W. M. Haines (a).
D. C. Pepper (a), (d).
F. J. Sinn (a), (d).
Miss V. H. Hart (a), (d).
Miss W. M. Bartlett (a), (b), (d).
Miss S. M. Cosham (a), (d).
Miss B. J. Adcock (a), (b), (d). Transferred to Midwifery Service 6.6.55.
Miss B. E. Bourdon (a), (Ib).
Miss A. Citarella (a), (Ib). Resigned 13.5.55.
Miss S. P. Gillians (a), (b), (d).
Miss V. A. Hicks (a), (Ib).
Mrs. E. B. Beckwith (a). Transferred from part-time staff 1.8.55.
Miss J. Banks (a), (b). Appointed 1.4.55.
Miss B. E. Hobbs (a), (b), (d). Appointed 1.9.55.

Part-time Staff:

Mrs. V. M. Baker (a), (b).
Mrs. G. D. Lines (a), (d). Resigned 30.9.55.
Mrs. F. V. Monk (a), (b).
Mrs. M. Taylor (a), (b), (c). Resigned 28.9.55.
Mrs. C. Cumberland (a).
Mrs. A. Hillman (e).
Miss H. Maddox (a).
Mrs. I. Beckwith (a).
Mrs. B. Brown (a).
Mrs. A. Ayres (a).
Mrs C Jolly (a)
Mrs G. Garforth (a)
Mrs D M McCrea (a)
Mrs. I. L. French (a).
Mrs. M. Walters (a).
Mrs. K. Waller (a). Resigned 6.4.55.
Mrs R Blake (a)
Mrs J. Smith (a)
Mrs. M. Marsh (a). Appointed 6.6.55.
Mrs. M. I. Hemmings (a). Appointed 8.8.55.
Miss D. Bicknell (a). Appointed 29.8.55.

a = State Registered Nurse.
Ib = Part I, Midwifery Certificate.
b = State Certified Midwife.
c = Health Visitor's Certificate.
cc = Battersea Polytechnic Health Visitor's Diploma.
d = Queen's Nurse.
e = Certificate of R.M.P.A.
f = State Registered Mental Nurse.
g = State Enrolled Assistant Nurse.
h = State Registered Fever Nurse.
i = Diploma in Social Studies, University of London.

Chief Sanitary Inspector:

R. A. Drake, B.E.M., M.R.S.I. (j), (k).

Deputy Chief Sanitary Inspector:

A. C. Arnold (j), (k).

Assistant Sanitary Inspectors:

E. A. Smith (j), (k).
A. E. Riches (j), (k).
P. Adams (j), (k). Resigned 24.4.55.
A. G. Nightingale (j), (k).
S. B. Brook (j), (k). Resigned 19.6.55.
A. J. Page (j). Resigned 31.8.55.
D. G. Paterson (j), (k).
L. G. Owen (j), (k). Appointed 28.9.55.
D. J. Gwynn (j). Appointed 1.12.55.
G. L. Cline (j). National Service throughout year.

Pupil Sanitary Inspectors:

J. H. Bullock.
M. E. Salmon.
B. White.
A. F. Barnard. Appointed 5.12.55.
D. F. Edge. Appointed 5.12.55.
E. D. Long. Appointed 5.12.55.
J. E. H. Hillier. Appointed 28.12.55.

Rodent Officer:

G. Wheeler.

j = Certificate of R.S.H. and Sanitary Inspectors Joint Board.

k = Certificate of R.S.H. for Inspection of Meat and other Foods.

Home Teachers to the Blind:

Miss N. G. Westby, Certificated Home Teacher.
Mrs. E. Perry, Certificated Home Teacher. Resigned 25.6.55.
Miss P. E. Spurway, Certificated Home Teacher. Appointed 25.7.55.

Mental Deficiency Officer:

Miss M. A. Brock, Social Studies Certificate, University of London.

Duly Authorised Officers:

E. W. Smith.
G. Dawson.

Whole-time Nurse who acts as relief for Duly Authorised Officers:

E. Stephenson.

Supervisor of Home and Domestic Helps:

Mrs. F. E. M. Goddard.

Superintendent of Connaught House:
W. L. Jones.

Matron of Crowstone House:
Mrs. F. M. Ratcliffe.

Supervisor of Occupation Centre:
Miss V. E. W. Hodgson.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

The appointment of student health visitors, and towards the end of the year, the recruitment of four senior pupil sanitary inspectors offered a promise of relief from some of the chronic difficulties experienced in staffing the department. The continued availability of married women for the home nursing service permitted a modest increase in the establishment of this section, and apart from the inability of a public dental service to offer adequate counter-attractions to the greatly increased financial rewards of private practice, the technical services of the department gave no serious anxiety.

The administrative section, however, presented a different picture. Its work continued to grow and impose further burdens particularly in dealing with emergencies which arise when the office is ordinarily closed. Senior experienced staff are still available to prevent serious failure but the juniors who should now be in training to assist and eventually replace them, no longer seek to enter your service. The longer these conditions obtain the more inevitable becomes the ultimate prospect of breakdown.

During the year much thought was given to planning for the continuous broadening of the administration, the relief of the most senior staff and the assumption of greater responsibilities by some others. Proposals, which await the approval of the Establishment Committee, will take a long time to carry out, and will require the provision of more office accommodation even then.

Your Chief Sanitary Inspector, Mr. R. A. Drake, was elected Fellow of the Royal Society of Health in December, a distinction which was as well-earned as it was pleasing to his professional colleagues, the Council and the public, whose very good servant he is.

Among other staff changes we note the resignation of Mr. Kenneth Ballantyne, school dental officer, to enter private practice.

Mrs. E. E. Rowden-Roberts, tuberculosis health visitor, retired in June on reaching the age limit, but continued to assist us part-time until the end of the year. She must surely occupy a

unique place in the medico-social history of this area. Appointed school nurse in 1917, she became health visitor and school nurse when these services were integrated in 1920, and continued until she resigned on marriage in 1924. Four years later she was appointed part-time clinic nurse at the Tuberculosis Dispensary continuing until she became whole-time tuberculosis health visitor in 1943. For many years prior to the war she also assisted the medical officers of the Ministry of Health who came to Southend to examine insured persons referred under the former N.H.S. arrangements.

Tuberculosis presented a very different picture in the 20's and the 30's from what it does today. The Dispensary had to deal with many men whose lungs had been permanently damaged by the chemical warfare and hardships of 1914-1918. Treatment involved a lengthy stay in a sanatorium, although admittedly there was a continuous development of artificial pneumothorax therapy. There was then much less realism in the scale of economic assistance afforded patients and their relatives, and for the advanced and chronic sufferer there were not the hopeful prospects of successful chemotherapy or surgical interference.

To her work Mrs. Rowden-Roberts brought great gifts of personality which were continuously enriched by her experience of the more chronic forms of illness. The doctors who were fortunate enough to command her services received unswerving loyalty and never failing willingness. Her knowledge of her patients, their fears, their families and their very way of life was almost encyclopaedic and enabled her to make many a direct and timely suggestion.

She was always sympathetic and understanding so it is little wonder that she had great influence with her patients who held her in affectionate esteem. Mrs. Rowden-Roberts asked little for herself but never exercised a like restraint where her patients interests were involved, and her reports always reflected a warm human understanding and an impatience with anything which impeded their progress.

Two municipal midwives left your service, Mrs. Eggleston and Miss Prince. Shoeburyness owes a lot to Mrs. Eggleston who served the area first as a district nurse, and then when her friend, Mrs. Pearse, retired on health grounds, as midwife; she carries into her retirement the good wishes and affection of the whole community Miss Prince returned to hospital practice after earning the esteem of all the practitioners who valued her meticulous care and admirable professional techniques. The Department will miss her informed and critical appraisal of the service and her downright defence of what she conceived to be its legitimate interests.

Mr. Adams, who left to become Sanitary Inspector at Letchworth joined the department in 1947, after five years distinguished service with the R.A.F.V.R. during which he was commissioned Navigator Flying Officer and awarded the D.F.C. and Bar. One of the first pupils appointed, he qualified as sanitary inspector in 1950, later obtaining the Certificate for the Inspection of Meat and Other Foods. Mr. Adams served the department in peace as faithfully as he had his country in war and took with him the cordial good wishes of us all.

Two district nurses, Miss B.J. Adcock and Miss B.E. Hobbs completed successfully the Queen's Institute course in district nursing, sponsored by the Authority, while two others, Miss D. Burton and Miss V.F. Dermott, were undergoing similar instruction at the end of the year.

ADMINISTRATION

PUBLIC HEALTH ACTS, 1936 etc.
NATIONAL HEALTH SERVICE ACTS, 1946-52.
NATIONAL ASSISTANCE ACTS, 1948-51.

The Council's Public Health functions are carried out by the Health Committee which, in addition to the duties ordinarily assigned to a Committee so titled, is responsible also for the authority's functions under the National Assistance Act 1948, (Section 50 excepted).

The Health Committee is formed of 15 members of the Council together with 3 co-opted members, representing the Southend Group (No. 15) Hospital Management Committee, the Southend Local Executive Council and the Southend Local Medical Committee respectively. With the exception of matters specifically delegated to its 3 Sub-Committees, the Health Committee deals directly with all the duties referred to it. The Sub-Committees are:-

Maternity and Child Welfare Sub-Committee.
Care, After-Care and Welfare Sub-Committee.
Residential Accommodation Sub-Committee.

Each Sub-Committee consists of the whole of the Council members of the Health Committee, together with 3 co-opted members who have special experience of the work assigned to the respective Sub-Committees.

The Maternity and Child Welfare Sub-Committee deals more specifically with the ante-natal and post-natal clinics, the infant welfare centres, the domiciliary midwifery service and the home help scheme.

The Care, After-Care and Welfare Sub-Committee deals with prevention, after-care, rehabilitation and convalescence and the welfare of handicapped persons.

The Residential Accommodation Sub-Committee's duties are to be inferred from its title.

With the exception of some matters concerned with the enforcement of statutory requirements and bye-laws, the granting of licences and the effecting of registrations, the Health Committee has no delegated powers, nor has any substantial difficulty been caused by their absence.

The medical officer of health is generally responsible for control, supervision and co-ordination of the services, his deputy is more particularly concerned with the school medical service, infectious diseases, the mental deficiency section and general assistance with administration. The principal lay officer supervises the ambulance service, the domestic help scheme, all administrative aspects of after-care, welfare and residential accommodation, as well as dealing with the general work of the department.

There is a superintendent health visitor, a superintendent of home nursing who also supervises the domiciliary midwifery service, and a supervisor of domestic help. There is no senior nursing officer charged with the over-all co-ordination of these services, the responsible sectional heads being encouraged, and indeed expected to secure adequate co-operation and mutual help at their own levels. So far these arrangements have proved to be both economical and fully adequate.

EXPENDITURE

> Local Health Services statistics 1954/55 prepared by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers.

For all County Boroughs the total expenditure per 1,000 population rose by £49 to £892. 15s. 0d whereas the Southend-on-Sea expenditure rose by £76. 16s. 0d to £658. 10s. 0d. Of this increase £16. 16s. 0d is attributable to the Occupation Centre, an entirely new service, so that the cost of the older established services rose by £60.

The most important alteration is the cost of administration, which is shown as having risen from £78. 3. 0d to £121. 8s. 0d whereas the national average only rose from £94. 5s. 0d to £127. 12s. 0d. The definition of administrative costs is as set out in the following paragraph -

> " Expenditure on Administration includes the salaries of the Medical Officer, his Deputy, clerical staff, and professional and technical staff not engaged on professional duties as well as the expense of central departments. This new definition, which arises from the revision of the grant claim form, has in many cases made necessary an alteration in apportionments and, as a result, the averages for 1954-5 are not strictly comparable with those for previous years. This reservation applies also to the tables of unit costs, from which administrative expenditure as defined is excluded. "

The alteration in the definition makes comparisons with previous years unreliable, for example this year the cost of the supervisory staff in the Home Help Section is now charged to " administration" and not to the service. The apparent reductions shown in the costs of some of your services may well be attributable to this cause.

Domestic Help. The returns show rather surprisingly that only 33% of the cases assisted are long-term which gives a misleading impression about the extent of the effort we have made for the old and the chronic sick.

The method used to arrive at this figure is to express the numbers of cases helped in each category as a percentage of the total number of cases served, irrespective of the total of woman hours provided for each. Therefore, this low percentage is an indication of the all-round nature of the assistance given. Out of 929 cases assisted during the year 1954, 250 were confinement cases, 374 miscellaneous illnesses and incapacity, 293 chronic sick and infirm and 12 tuberculosis.

1954-55

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

"S" indicates group in which Southend-on-Sea occurs.
(s) " " " " " 1953-54 occurred
"A" indicates group in which average occurs.
(a) " " " " 1953-54 average occurred.

Care of Mothers and Young Children						*Midwifery*			*Health Visiting*		
Child Welfare Centres			*Other expenditure, inc. Maternity Sets*								
Group		No.	Group		No.	Group		No.	Group		No.
Up to £29 S(s)		7	Nil		3	Up to £29		3	Up to £29		6
£30 - £39		14	Up to £4		11	£30 - £39		3	**£30 - £39** S(s)		10
£40 - £49		14	**£5 - £9** S(s)		23	£40 - £49		5	£40 - £49		16
£50 - £59	(a)	13	£10 - £14		11	**£50 - £59** S(s)		11	£50 - £59		17
£60 - £69	A	16	£15 - £19	A(a)	22	£60 - £69		8	£60 - £69	A(a)	19
£70 - £79		8	£20 - £24		2	£70 - £79		9	£70 - £79		6
£80 - £89		2	£25 - £49		9	£80 - £89	A(a)	12	£80 - £89		1
£90 - £99		4	£50 and over		2	£90 - £99		13	£90 - £99		5
£100 and over		5				£100 - £124		8	£100 and over		3
						£125 - £149		5			
						£150 and over		6			
Average £62.0.0.			Average £16.0.0.			Average £85.10.0.			Average £60.4.0.		
Southend-on-Sea £24.0.0.			Southend-on-Sea £6.0.0.			Southend-on-Sea £52.11.0.			Southend-on-Sea £31.0.0.		

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

Prevention of Illness, Care and After-Care				*Mental Health*			
Tuberculosis		*Other Services*		*Occupation Centres*		*Other Services*	
Group	No.	Group	No.	Group	No.	Group	No.
Up to £4	9	**Up to £4** S	35	Up to £4	7	Up to £4	4
£5 - £9	13	£5 - £9	20	£5 - £9	3	£5 - £9	4
£10 - £14	11	£10 - £14 A	13	£10 - £14	3	£10 - £14	11
£15 - £19	15	£15 - £19	4	**£15 - £19** S	13	**£15 - £19** S	16
£20 - £24 S A	14	£20 - £24	3	£20 - £24	10	£20 - £24 A	16
£25 - £29	4	£25 - £29	1	£25 - £29 A	19	£25 - £29	12
£30 - £34	3	£30 and over	4	£30 - £34	6	£30 - £34	10
£35 - £39	2			£35 - £39	7	£35 - £39	4
£40 - £44	2			£40 - £44	7	£40 - £44	3
£45 - £49	1			£45 - £49	3	£45 - £49	2
£50 and over	6			£50 and over	4	£50 and over	-
Average £22.15.0. Southend-on-Sea £21.2.0.		Average £13.12.0. Southend on Sea £4.13.0.		Average £28.5.0. Southend-on-Sea £16.6.0.		Average £21.5.0. Southend-on Sea £16.6.0.	

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS

Home Nursing			*Vaccination and Immunisation*			*Ambulance Service*			*Domestic Help*		
Group		No.	Group		No.	Group		No.	Group		No.
Up to £24		-	Up to £2		4	Up to £74		-	Up to £24		5
£25 - £49		5	£2 - £4	(s)	15	£75 - £99		4	£25 - £49		16
£50 - £74		11	**£4 - £6**	S	25	£100- £124	(s)	10	£50 - £74		22
£75 - £99	(a) (s)	30	£6 - £8	A	22	**£125- £149**	S	17	£75 - £99	A (a)	13
£100- £124	A S	17	£8 - £10		3	£150- £174	A (a)	19	**£100- £124**	S (s)	9
£125- £149		8	£10- £12)		7	£175- £199		19	£125- £149		9
£150- £174		7	£12- £14)	(a)	3	£200- £224		9	£150- £174		3
£175- £199		4	£14- £16		1	£225- £249		2	£175- £199		2
£200-and over		1	£16- £18		1	£250- £274		2	£200- £224		2
			£18- and over		2	£275- and over		1	£225- £249		1
									£250- and over		1
Average £100.10.0.			Average £7.17.0.			Average £164.4.0.			Average £83.10.0.		
Southend-on-Sea £100.4.0.			Southend-on-Sea £4.1.0.			Southend-on-Sea £137.13.0.			Southend-on-Sea £118.11.0.		

Administration Net Expenditure per 1,000 population		UNIT COSTS					
		Child Welfare Centres Cost per attendance		*Midwifery Cost per maternity case attended*		*Health Visiting Cost per Visit*	
Group	No.	Group	No.	Group	No.	Group	No.
£50 - £59	2	**2/-** to **2/11** S (s)	9	£7 - £8	2	1/- to 1/11	3
£60 - £69	1	3/- 3/11	18	£8 - £9	3	**2/-** **2/11** S (s)	10
£70 - £79 (s)	1	4/- 4/11	18	£9 - £10	6	3/- 3/11	26
£80 - £89	7	5/- 5/11 A (a)	9	**£10** - **£11** S	13	4/- 4/11 A (a)	19
£90 - £99	6	6/- 6/11	14	£11 - £12 (s)	11	5/- 5/11	13
£100 - £109	10	7/- 7/11	7	£12 - £13	8	6/- 6/11	8
£110 - £119	9	8/- 8/11	3	£13 - £14 A (a)	4	7/- 7/11	2
£120 - **£129** S A	8	9/- 9/11	2	£14 - £15	8	8/- and over	2
£130 - £139	7	10/- and over	3	£15 - £16	7		
£140 - £149	7			£16 - £17	5		
£150 - £159	9			£17 - £18	5		
£160 - £169	5			£18 - £19	1		
£170 - £179	3			£19 - £20	3		
£180 - £189	2			£20 and over	7		
£190 - £199	-						
£**200** and over	6						
Average £127.12.0.		Average 5/4d		Average £13.3.0.		Average 4/5	
Southend on Sea £121.8.0.		Southend on Sea 2/8d		Southend on Sea £10.16.0.		Southend on Sea 2/11d	

Home Nursing Cost per Visit		*Domestic Help Cost per case*		*Occupation Centres Cost per attendance*		*Domestic Help Percentage of Long term cases*	
Group	No.	Group	No.	Group	No.	Group	No.
2/- to 2/5	1	£10 - £14	10	Up to 5/-	1	Up to 10%	1
2/6 2/11	6	£15 - £19	18	5/- 5/11	5	10% - 19%	1
3/- 3/5 S (s)	17	£20 - £24 A S (a)	26	6/- 6/11	2	20% - 29%	-
3/6 3/11 A (a)	18	£25 - £29 (s)	16	7/- 7/11	5	30% - 39% S	5
4/- 4/5	24	£30 - £34	8	8/- 8/11	10	40% - 49%	4
4/6 4/11	10	£35 - £39	3	9/- 9/11 A	8	50% - 59%	15
5/- 5/5	4	£40 - £44	1	10/- 10/11	6	60% - 69% A	16
5/6 5/11	1	£45 and over	1	11/- 11/11	10	70% - 79%	23
6/- and over	2			12/- 12/11	6	80% - 89%	12
				13/- 13/11 S	8	90% and over	4
				14/- 14/11	2		
				15/- and over	12		
Average 3/10d		Average £23.4.0.		Average 9/9d		Average 66%	
Southend-on-Sea 3/2d		Southend-on-Sea £24.1.0.		Southend-on-Sea 13/9d		Southend-on-Sea 33%	

		County Boroughs			Southend-on-Sea		
Persons accommodated on night of January 1st, 1955.	Residential Accommodation	23,749			434		
	Temporary Accommodation	1,810			–		
	Per 1,000 Population	1.86			2.81		
Persons on register at 31st March, 1955.	Blind Persons	34,903			468		
	Deaf and Dumb Persons	10,425					
Analysis of Net Expenditure and Grants, per 1,000 Population		£	s.	d	£	s.	d
Total Residential Homes		242	6	0	310	13	0
Total Temporary Accommodation		6	17	0	–	–	–
Total Residential and Temporary Accommodation		249	3	0	310	13	0
Special Welfare Services)	Blind Persons	60	5	0	12	9	0
)	Other Services	10	5	0		1	0
Other Expenses		65	11	0	46	12	0
Total Net Expenditure chargeable to Rates and Grants		389	2	0	369	15	0
Welfare Service Grants		17	3	0	2	15	0
Net Rate borne Expenditure		371	19	0	367	0	0
Cost per Resident week.							
Residential Homes for over 50 persons provided by the Authority		4	3	8	3	19	8

WELFARE SERVICES STATISTICS 1954/55.

ANALYSIS OF NET EXPENDITURE PER 1,000 POPULATION - 83 COUNTY BOROUGHS.

"A" indicates group in which average occurs.
(a) indicates group in which average for 1953/54 occurred.
"S" indicates group in which Southend-on-Sea occurs.
(s) indicates group in which Southend-on-Sea occurred in 1953/54.

Residential Homes		*Residential and Temporary Accommodation*		*Blind Persons*		*Other Services*	
Group	No.	Group	No.	Group	No.	Group	No.
£100 - £149	8	£100 - £149	7	**£10 - £19 S (s)**	5	**Under £2 S (s)**	5
£150 - £199	15	£150 - £199	14	£20 - £29	13	£2 - £4	15
£200 - £249 A (a)	15	£200 - £249 A (a)	14	£30 - £39	15	£4 - £6	12
£250 - £299	11	£250 - £299	13	£40 - £49	8	£6 - £8 (a)	6
£300 - £349 S (s)	15	**£300 - £349 S (s)**	13	£50 - £59 (a)	9	£8 - £10	14
£350 - £399	11	£350 - £399	13	£60 - £69 A	9	£10 - £12 A	6
£400 - £449	4	£400 - £449	5	£70 - £79	9	£12 - £14	4
£450 and over	4	£450 and over	4	£80 - £89	5	£14 - £16	2
				£90 - £99	4	£16 - £18	6
				£100 and over	6	£18 - £20	4
						£20 and over	9

Average: *1954/55* *1953/54*	*1954/55* *1953/54*	*1954/55* *1953/54*	*1954/55* *1953/54*
£242. 6.0. £220.11.0.	£249. 3.0. £228. 9.0.	£60. 5.0. £58. 1.0.	£10. 5.0. £7.19.0.
Southend:			
£310.13.0. £303. 0.0.	£310.13.0. £303. 0.0.	£12. 9.0. £10.11.0.	1.0. 2.0.

Other Expenses		*Total - All Services*		*Cost per Resident Week. Residential Houses for over 50 persons provided by the Authority.*	
Group	No.	Group	No.	Group	No.
£20 - £29	1	£150 - £199	3	60/- - 64/-	2
£30 - £39	7	£200 - £249	5	65/- - 69/-	2
£40 - £49 S(s)	13	£250 - £299	10	70/- - 74/-	2
£50 - £59	10	£300 - £349 (a)	13	75/- - 79/- S(s)	6
£60 - £69 A(a)	7	£350 - £399 SA(s)	10	80/- - 84/- A(a)	4
£70 - £79	11	£400 - £449	11	85/- - 89/-	5
£80 - £89	8	£450 - £499	10	90/- - 94/-	4
£90 - £99	13	£500 - £549	9	95/- - 99/-	1
£100 and over	13	£550 - £599	10	100/- and over	3
		£600 and over	2		
Average: *1954/55* *1953/54*		Average: *1954/55* *1953/54*		Average: *1954/55* *1953/54*	
£65. 11. 0. £61. 10. 0.		£371. 19. 0. £344. 14. 0		83/8d 80/9d	
Southend		Southend		Southend	
£46. 2. 0. £44. 2. 0.		£367. 0. 0. £359. 1. 0.		79/8d 76/11d	

The National Health Service Act, 1946, Part III.

SECTION 22. CARE OF MOTHERS AND YOUNG CHILDREN.

Clinics.

INFANT CLINICS. These were held at 2.15 p.m. as under.

Shoeburyness:
Council Offices, High Street. Doctor's Clinic 1st and 3rd Tuesdays. Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:
70 Burnham Road. Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):
Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:
Eastwood Baptist Church Hall, 2nd and 4th Fridays - Health Visitor's Clinic.

Westcliff:
St. Andrew's Church Hall. Doctor's Clinic, Wednesdays; Health Visitors' Clinic, Fridays.

North Avenue:
Ferndale Road Baptist Church, Wednesdays - Health Visitors' Clinic.

Manners Way:
St. Stephen's Church. Tuesdays - Health Visitor's Clinic.

Thorpe Bay:
St. Audrey's. 1st and 3rd Fridays - Health Visitor's Clinic.

Blenheim.
St. James's Church Hall. Alternate Wednesdays - Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare sessions.

Particulars of attendances are:-

	Southend	Southchurch	Leigh	Shoebury	Eastwood	Westcliff	Manners Way	North Ave.	Thorpe Bay	Blenheim	Total
No. of sessions held ...	100	101	102	50	23	98	51	51	23	26	625
No. of individuals who attended and who at the end of the year were-											
Under 1 ...	193	208	219	93	33	267	83	96	38	72	1302
Aged 1 year ...	197	173	113	85	20	281	90	87	24	63	1133
Aged 2 to 5 ...	203	264	206	85	10	227	33	41	13	22	1104
Total attendances of-											
Infants under 1	2963	2888	3521	1500	298	4562	1474	1642	413	807	20068
Children aged 1 year ...	489	580	489	376	35	751	152	202	76	98	3248
Children aged 2 to 5	235	365	257	97	7	326	23	76	15	25	1426
No. of children aged 1 to 5 subjected to routine medical inspections ...	251	405	293	65	†	342	†	†	†	†	1356

Packets of National Dried Milk distributed totalled 8,673 of which 118 were supplied free of charge.

Vitamin Preparations:-

Cod Liver Oil ...	4,536
Fruit Juice, Orange ...	22,103
Vitamin Tablets ...	1,890

† A medical officer does not attend these clinics.

It is difficult to conceive of our Maternity and Child Welfare Services without the Infant Welfare Centres, but like every other institution their role and purpose require review. One reason which brought them into being was the inability of the poorer wage earners to pay adequately for the medical supervision of their young children, particularly when no grave illness appeared to threaten. The Centres were also intended for, and indeed have served, other important purposes, being the places where essential health teaching has been carried out and providing a meeting place for mothers. They have made possible progress which we believe is permanent, have helped to break down artificial class distinctions and been a means of keeping the health visitor in touch with the mothers and children who are her charges.

The advent of the National Health Service has not affected attendances at Centres very much although there has been some falling off. In the new towns where adequate planning is possible, the Infant Welfare Centres can be provided in buildings which are used for other medical services, and the family doctors working in those areas put in charge of them. In older established communities such arrangements seem impracticable today.

An Infant Welfare Centre should, ideally, be within pram-pushing distance of those whom it serves, and although we have not been able to arrange this, it has been the Committee's policy to establish Centres wherever tolerable premises were available. Some of these compare very unfavourably with those in other areas, and there is need for improvement.

The cost of building new Centres today would be prohibitive, particularly where the premises could only be used for a relatively short time each week; this knowledge bears heavily on those who would like to see improvements.

It is unfortunate that the present schools building programme has had to be carried out while we had to cope with twin emergencies - the population "bulge" and the credit "squeeze". There would have been much in favour of providing buildings within the school curtilages, to serve several purposes, not all of them medical. To the girls in the upper forms of the secondary modern schools we could have given opportunities for practical work and instruction at Infant Centres established there, while the advantages to the mothers of having clinics sited thus are too apparent to require demonstration.

During the year there was an interesting development which appears worthy of mention. The Army Authorities made arrangements with some local hoteliers and boarding-house proprietors to accommodate the wives and families of serving soldiers. Such

families require special attention from a local health authority. The children have often travelled a great deal and lived in a variety of overseas areas, not all of which have enviable health records. Notwithstanding the efforts made by those responsible, women cannot be expected to make homes or mother their children in this kind of accommodation as competently as they could in an ordinary house.

With the co-operation of the proprietor of the New Palmeira Hotel who put a room at her disposal, Mrs. Fairfax has, since March, conducted what is in effect a fortnightly Infant Welfare Centre at these premises, where 16 infants under one year, 18 toddlers and 57 two to five-year olds have been seen.

Previous reports have called attention to our failure to accomplish as much as we should like for the older toddler and the pre-school child. This year our experience was unfortunate, the number of attendances made by the 2-5 year old group falling by nearly half to 1486. It is difficult to assign any other reason for this except the shortage of health visitors especially in the first half of the year.

The distribution of National Dried Milk and vitamin supplements through your clinics and through selected retailers continued.

Proprietary milk foods, of which 1,739 additional packets were sold, continued to be in demand, notwithstanding a significant difference in price when compared with National Dried Milk.

ANTE-NATAL CLINICS.

Municipal Health Centre: Monday, 9.15 a.m.: Tuesday, 9.15 a.m.: Wednesday, 2 p.m.: Thursday, 9.15 a.m.: Friday, 9.15 a.m.

Leigh Clinic, 70 Burnham Road: Tuesday, 2 p.m.; Friday, 2 p.m. (until 14.10.55.).

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue: Wednesday. 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street: Monday, 2 p.m. (On 2nd and 4th Mondays in each month only).

The National Health Service Act has made comparatively little impact on our infant welfare arrangements, but the maternity services present a very different picture. Because the number of mothers attending your ante-natal clinics continued to decline, a trend which is general throughout the country, it may be useful to consider their functions.

The Guillebaud Committee reports:-

> "Preventive medicine begins with the expectant mother and her unborn child. It is vitally important that all expectant mothers should receive advice on mothercraft, diet, care of the unborn child, etc. and that the responsibility for providing this advice

should be clearly known to the authorities and officers concerned."

and

"It may be that many women are now failing to receive the instruction they need in preventive health and steps should be taken to make good this omission."

and finally,

"The role of the local authority clinic may have changed in recent years but it is just as important now under its new guise as it was under the old; and we should consider it a most retrograde step if the organisation of the maternity services under the National Health Service were to discourage mothers from attending the clinics without at least providing equivalent services by some other means."

The functions of a local health authority ante-natal clinic are:-

(a) the instruction of the expectant mother

(b) the carrying out of such ante-natal supervision as is not effectively done by any other agency.

(c) to provide advice on the medical and social aspects of motherhood and to afford an opportunity for expectant mothers to meet.

The clinic system tends to be assailed by the maternity hospital and the general practitioner alike. The hospitals, having accepted responsibility for the patient's safety and well-being, desire to ensure that their supervision extends into all the relevant fields, and some have gone so far as to send out staff to visit the mother in her own home.

The general practitioners do not play the role which the National Health Service originally assigned to them. Those with special experience of obstetrics were to be encouraged to specialise as general practitioner obstetricians thus the clinics and domiciliary midwifery were to become the province of a comparatively small number of doctors. This plan, not without some attractive features, could not be applied with any realism to the more sparsely populated areas, where every general practitioner must be prepared to undertake complicated midwifery.

Local Obstetric Committees were set up to "approve the obstetric experience" of general practitioner obstetricians who would provide "maternity medical services".

The scheme foundered before the facts of geography and the hostility of a profession which saw its freedom to practise limited by an administrative measure. Nowadays most practitioners in the National Health Service provide "maternity medical services" for the majority of their own patients, receiving a fee of 7 or 5 guineas for so doing, depending on whether or not their names appear on the local "M" list.

The minimum ante-natal care, namely two examinations, required by the Terms of Service is derisory, although it is only

fair to pay tribute to the care and assiduity which a good proportion of doctors devote to their patients. Paradoxically enough, it is the good doctor who at this stage in the evolution of the service is most hostile to the ante-natal clinic, seeking to give his patient all he deems necessary. In doing this he often neglects, or is unable to give, the health teaching to which the Guillebaud Committee rightly attaches so much importance; the suggestion that midwives and health visitors should be in attendance when practitioners undertake ante-natal sessions at their surgeries has lately been made.

The midwife too, has reason to resent the effects of these developments upon her status as an independent practitioner, and the confusion and uncertainty which now obtains. The Terms of Service do not request the general practitioner to arrange matters in such a way as to make the midwife a "maternity nurse" as defined by the C.M.B. Rules. She must therefore set out to deal with all her patients upon the assumption that the doctor will not ordinarily be present at the delivery, although available in an emergency; she must therefore exercise such ante-natal supervision as is enjoined by the Board.

As if all this was not enough, there is also the patient who is content to leave her labour in the hands of the midwife, who in her turn, must satisfy herself that medical aid will be available if and when required. The conscientious practitioner deprecates above all else the possibility of attending a complicated labour when he has not seen the patient beforehand and so rightly puts pressure on his patients to consult him during pregnancy.

These various agencies, all anxious to advance the patient's best interests and to protect her against peril, confuse her. At best they waste some of her time, and at worst they leave chinks in her armour wherein she thinks herself safe.

Nor is there any unequivocal advice to guide the patient. The Royal College of Obstetricians and Gynaecologists would have every first baby born in hospital, only thus does it consider that the highest safety for mother and child can be assured. This is perhaps a specialist medical view. There are, however, substantial grounds for the belief that a material number of first babies could be born quite safely at home and so begin with advantages denied the infant born in an institution.

In most parts of the country, the demand for hospital confinements is greater than the beds available, and in consequence obstetricians are compelled to select the patients who most need admission, but if every woman was free to make her own choice in the matter it is likely that the number of hospital births would

rise year by year until domiciliary midwifery ceased to be of any significance.

One is conscious of deep tides of feeling on this subject. Rightly or wrongly, the woman of today regards herself as having an inalienable right to a hospital confinement should she so elect. She listens impatiently, if at all, to the persuasions of those who conscientiously believe in the superiority of domiciliary midwifery for the normal birth. She only sees that the socially successful have, for two generations, borne their children in nursing homes, that the majority of doctors' wives and daughters have their babies away from their own homes, and concludes that what is good enough for them is good enough for her.

Whenever this question is discussed by women it is quite apparent that the importance of "equality" colours opinions very considerably, and those who venture to put forward counter-suggestions are left with the feeling that they are regarded as poor apologists for the Treasury and a hospital service which cannot find the money or the staff for all the beds which ought to be provided.

The only course to follow in this sea of difficulties is to allow the individual woman a completely free choice for herself. This is not possible today when part of the service is provided free and part has to be paid for. If, however, a very substantial maternity grant of say £50 or £60 was payable in respect of each confinement, and the mother required to pay for the hospital treatment and medical care which she elected to have, there would be a vast simplification of the issues. With adequate benefits a woman could make arrangements to have her baby at home without hardship; if she wanted to put herself into the hands of a general practitioner she could do so, but would pay for his services instead of commanding them under the National Health Service as at present.

The local authority clinics would remain as always - free and open to all, to use or not as the individual elected.

Objections to these proposals can be made. Firstly, they involve the abrogation of the principle that treatment is free, a principle which has already been breached with the imposition of charges for medicines and appliances. Another is the fear that people would not use the money for its proper purpose. It is a weakness of the "welfare state" that it obscures the relationship between what is received and what is paid for. The more this connection is emphasised the more responsible will be the way in which the services are used. In any case there must be something amiss with a social philosophy which trusts a woman to vote, to marry, to bear a family and yet denies her the right of spending an enhanced maternity benefit.

As for the part the local health authority has to play, the long term trends in midwifery organisation will fortunately be determined by the public and the medical profession, in that order, and to us there falls the humbler task of keeping the present services in being until something better emerges: of ensuring that whatever is left undone by hospital, general practitioner or midwife is cheerfully and acceptably undertaken by us; of striving ceaselessly to promote goodwill, co-operation and mutual understanding, and most important of all, never to lose sight of the truth that in teaching and learning lies the only way to permanent progress.

Attendances at the Council's clinics were as shown below:-

	Southend	*Leigh*	*Westcliff*	*Shoebury*	*Total*
No. of sessions held	257	91	52	23	423
No. of individual expectant mothers	1190	369	134	73	1766
No. of attendances of expectant mothers	6205	2076	743	391	9415

At the suggestion of Mrs. Flora Bridge, F.R.C.S., consultant obstetrician, the clinic session at Leigh held on Friday afternoons and conducted by a senior medical officer from the hospital was discontinued after 14.10.55. Instead, all patients were invited to attend on Tuesday afternoons when Mrs. Bridge herself is ordinarily in attendance. In this way it was possible for the whole of the medical and midwifery work of the clinic to be conducted under her more immediate supervision. It was recognised that the proposals offered advantages to both patients and the hospital and they were accordingly put into operation, not without some misgivings about the suitability of the clinic building to cope with the increased user on Tuesday afternoons.

VIRUS INFECTIONS DURING PREGNANCY

This enquiry, sponsored by the Ministry of Health, was completed during the year. The Department submitted reports on nine cases and ten controls.

BLOOD EXAMINATIONS

Dr. D. C. Caldwell, director of pathology, informs me that all specimens submitted from the Council's clinics continue to be examined at the Rochford General Hospital laboratory. A two-tube Price's Precipitation Reaction is performed on all specimens and the Wassermann Reaction carried out on all sera not giving an unequivocal negative result.

Ante-Natal Haemoglobin Estimations during 1955 - 1184 tests.

Haemoglobin gms. %	Under 7.5	7.5-8.1	8.2-8.9	9.0-9.6	9.7-10.4	10.5-11.2	11.3-12.0	12.1-12.6	12.7-13.3	13.4-14.1	14.2-14.8	14.9 +
% Haemoglobin using 14.8 as average, i.e. Revised Haldane	Under 51	51-55	56-60	61-65	66-70	71-75	76-80	81-85	86-90	91-95	96-100	100+
No. of tests	5	11	13	58	113	244	364	189	126	47	11	3
% of each group	.5	.9	1.1	4.9	9.5	20.7	30.7	16.0	10.6	4.0	.9	.3

Notes: (1) Expression of Haemoglobin concentration as grammes per cent., is the only way by which comparisons of different sets of figures can adequately be made.

(2) Wide variations of Haemoglobin concentration occur normally but 14.8 gms.% is usually regarded as an average figure for adults.

(3) In pregnancy the total volume of the blood is increased disproportionately with respect to the number of red blood cells and its haemoglobin content. In consequence, lower concentrations of haemoglobin are usual, and values as low as 10.4 gms. (70% Haldane) can be accepted as being within the limit for the normal.

(4) Taking this into account it will be seen that 16.8% of our patients can be considered anaemic.

Wassermann and Prices Precipitation Reaction and Rhesus Factor Tests, 1955.

No. of tests made	P.P.R. Negative	W.R. and P.P.R. Positive	W.R. Positive and P.P.R. Negative	No. of tests made	Rh. Positive.	Rh. Negative
1139	1136	1	2	1154	968	186
	99.74%	0.09%	0.17%		83.88%	16.12%

POST-NATAL CLINICS

	Southend	*Leigh*	*Shoebury*	*Total*
No. of individual mothers who attended	543	175	39	757
Total attendances of mothers	901	235	45	1181
Total no. of sessions of Post-Natal Clinics	52	91	23	166

Previous reports have referred to the value of a post-natal clinic staffed by specialists. The aim of good midwifery is the delivery at full term of a healthy baby and the restoration to full functional integrity of his mother. Many women accept cheerfully, as the price to be paid for their motherhood, some degree of disablement or inconvenience, and not a few practitioners are prepared to regard this result as being only what is to be expected.

The specialist is best placed to know what modern midwifery can achieve and what in the post-partum state requires treatment if disability in after-years is to be prevented, whereas the general practitioner is often at a considerable disadvantage in this field.

It is therefore with regret that one reports a further decline from 813 to 757 in the number of individual mothers who attended the post-natal clinics. This total would represent only 67% of the mothers whose confinements take place in hospital, so it is clear that few patients delivered at home used the clinics, and only about half those who were grateful to accept the hospital's accommodation for the birth of their babies, came back to allow it to complete its programme of care.

The reasons for this state of affairs are no doubt complex. Neither patients nor doctors are as completely convinced of the importance of post-natal examinations as they are about ante-natal care, and this is not surprising when some of the most respected seniors in the speciality can be heard to inveigh against them. But the principal reason is no doubt to be found in the Terms of Service to which reference has already been made. The fee for "maternity medical services" is payable only when the practitioner has carried out a post-natal examination or has failed to secure the attendance of his patient for this purpose. If the fee could be paid on there being evidence of a post-natal examination having been made, many practitioners would no doubt be content to refer their patients to a specialist clinic where incidentally an independent evaluation of the results of these "maternity medical services" would be made. This is just another example of the difficulties which arise in regulating professional relationships by legislation. It is proper that post-natal examinations when necessarily carried out should be paid for, but it is surely going too far to insist on the post-natal examination being made by the practitioner concerned; it would be sufficient to ensure that a post-natal examination was made.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

Report of Mr. E. C. Austen, Principal Dental Officer.

The dental treatment of expectant and nursing mothers and young children had again to be curtailed during this year, as the full-time assistant dental officer resigned in March. Nevertheless, the amount of treatment afforded to these priority classes remained nearly as high as in the previous year; 65 expectant and nursing mothers were examined as against 61, and 150 children under five against 155 in 1954.

One mother was provided with full upper and lower dentures and three with partial dentures.

It is noted that quite a number of mothers referred by the medical officers obtain their dental treatment under the National Health Service scheme, but of the children under five referred to the dental department, 100% are treated.

Radiograph examinations for the service are carried out by the Southend General Hospital and the reports and films forwarded to the principal dental officer.

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and nursing mothers	65 (61)	65 (61)	53 (61)	51 (51)
Children under five ...	150 (155)	150 (155)	150 (155)	139 (140)

(b) Forms of dental treatment provided:

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers ...	- (10)	31 (17)	- (-)	- (-)	72 (64)	34 (44)	1 (3)	3 (9)	- (-)
Children under Five	- (-)	25 (28)	- (-)	- (-)	237 (245)	154 (137)	- (-)	- (-)	- (-)

Comparable figures for 1954 are given in brackets.

NURSING HOMES

One new nursing home was registered during 1955.

Homes on Register at end of year		No. of beds provided for		
		Maternity	Other	Total
32 Crowstone Avenue	*Aylward*	-	9	9
78 Valkyrie Road	*Belvedere*	-	2	2
45 The Broadway, Thorpe Bay	*Broadway*	-	6	6
41 Crowstone Road	*Craigowan*	-	6	6
31 Ailsa Road	*Hayesleigh*	4	-	4
24 Stirling Avenue	*Highlands*	3	-	3
21 Victor Drive	*Highview*	-	7	7
174 Kings Road	*Leigh*	-	10	10
98 Crowstone Road	*Lodge*	-	20	20
71 Wimborne Road	*Oak House*	-	18	18
26 Western Road	*Western Road*	2	-	2
278 Southbourne Grove	*Wincilla*	-	4	4
		9	82	91

UNMARRIED MOTHERS AND THEIR CHILDREN.

Research has demonstrated the crippling effects on the young of emotional deprivation and there is a growing awareness that many personality defects which make trouble for society are rooted in this cause. The children of unmarried mothers are in much greater danger of deprivation than the infants born into established families and it is not surprising therefore, to find that a significant proportion of them repeat in their own lives the same patterns of failure traced out by their parents.

The readiness with which children are today accepted for adoption (there were 13,003 formal adoptions in 1954 when there were 31,609 illegitimate births) and its success when a young child is fortunate enough to be placed into the hands of a suitable couple, put a great responsibility on those who advise the unmarried mother when deciding whether or not she will keep her child, for a single woman requires very exceptional powers of affection, perseverance and fortitude, and to be supported by understanding relatives and friends, before she can hope to give her child, throughout his period of growth and development, the means of fully satisfying his needs.

The cure for illegitimacy is its prevention. As will be evident from the figures given above, rather more than 1 child out of every 22 born in 1954 carried the stigma of illegitimacy but in addition nearly 51,000 women gave birth to children within 8 months of marriage. The figures for the young are striking; of

26,628 women under the age of 20 who became mothers in 1954, no fewer than 16,241 had at the time of their delivery been married less than 9 months, the comparable figures for the 20 - 24 year olds being 185,288 and 26,115 respectively.

That over 60% of the babies born to married women under the age of 20 were conceived out of wedlock seems a matter of indifference to this community if we are to judge by the failure of so-called moral welfare work to attract support in Southend-on-Sea. While the Committee believes the protection and promotion of moral standards and the counselling and rehabilitation of the unmarried mothers are best confided to those who have a vocation, it has for some years been the financial mainstay of St. Monica's Home which is provided by the Southend-on-Sea branch of the Chelmsford Diocesan Moral Welfare Association.

The Home is unsuitable for its purpose by reason of design, situation and lay-out. From this fundamental cause arises its chronic staffing difficulties which its House Committee is confident will never be overcome while the present building has to be used. It is intended to close the Home before the end of 1956 whether or not alternative premises have been secured. One can only hope that even at this late hour the community will support this work which is of so much importance not only for this generation but for those that succeed it.

Accommodation was provided under the Council's proposals as follows:-

St. Monica Diocesan Shelter	...	11 mothers for a total of 548 days

INFANT MORTALITY.

The infant mortality rate has risen for the second successive year, this time from 17.78 to 22.89 per thousand The gaps between the Southend-on-Sea rates and those returned for both the administrative County of London and England and Wales closed still further and now amount only to 0.42 and 2.01 per thousand respectively. They are rapidly reaching the point when they will cease to be significant.

It is increasingly the practice to divide infant deaths into two groups according to whether they occur in the first month or the succeeding eleven months of life Those in the first group, by far the most numerous, are the casualties of reproduction - the premature infants, those who have been irreparably injured in the birth process and those who have gross developmental defects. The mortality in this group can be reduced by good ante-natal and good obstetric services although all the factors which are at work here

are not yet clearly understood

The later deaths are those which reflect very sensitively the standard of living, the level of housing, maternal competence and the maternity and child welfare services.

Deaths under 1 year by age groups were:-

Under 24 hours ...	18	
24 hours - 1 week ...	8	
1-2 weeks	3	
2-4 weeks	2	
Total Neonatal Mortality		31
1-3 months	5	
3-6 months	5	
6-9 months	2	
9-12 months... ...	1	
	44	

No marked differences between Southend and the rest of the country are to be distinguished when the figures are broken down. In Southend 70.4% of the infant mortality occurred during the first 28 days of life whereas the comparable figure for England and Wales was 70.8%.

Following our usual practice the infant deaths have been classified as to the likely prime cause of death. These adjusted findings are set out in the table below, where last years figures are shown for comparison.

Cause	No.	(1954)
Respiratory Infections	9	(5)
Gastro-enteritis	1	(1)
Meningitis	1	(-)
Congenital defect	10	(7)
Prematurity	10	(13)
Birth Hazards	7	(3)
Accidents	1	(3)
Inattention at birth	1	(1)
Volvulus	1	(-)
Nephritis	1	(-)
Erythroblastosis foetalis	1	(-)
Circulatory collapse	1	(-)
Bilateral adrenal apoplexy	-	(1)
Atelectasis	-	(1)
Blood disorders	-	(1)
	44	(36)

Accidents of birth and prematurity together caused 17 deaths as compared with 16 in the previous year. A premature infant's birth is attended with greater hazards than a full-term child and so it is a matter of opinion very often as to whether the cause of death in these cases is assigned to prematurity or to the birth process.

Six of the seven deaths assigned to accidents of birth occurred in hospital, three of them, a rather surprisingly large proportion, being in hospitals outside the area. That only one life was lost through this cause following delivery at home is

eloquent of the care and skill with which cases are selected for hospital confinement as well as being a tribute to the standard of domiciliary midwifery.

The main causes of death after 28 days were congenital defect-4, and respiratory infections-5, and it is perhaps only in the latter very restricted field that prevention might have had a part to play.

Stillbirths.

There were 30 stillbirths, one more than in 1954, the rate being 15.37 per total births compared with 14.12. There are many factors which influence this reproductive failure which are not yet completely understood. In spite of the increased attention given to the expectant mothers between the two wars, the stillbirth rate showed little change until some months after the introduction of almost complete food rationing in this country, which would appear to indicate that adequate nutrition, adequate in quality as well as in calorific value, is of first rate importance.

It is known too, that the social class, the age and parity of the mother, the employment of married women and the quality of the obstetric services available, modify stillbirth rates. There are marked regional differences in the incidence which falls as one moves south and east. Southend has for many years enjoyed a favourable rate and although it would be gratifying to regard this as being due entirely to the undoubtedly high quality of our maternity services the explanation is not likely to be so simple.

The domiciliary midwifery stillbirth rate was 5.6 per thousand, practically identical with the previous year, which speaks equally well for the service and for the way in which patients are selected for hospital confinement

Prematurity.

The following statistical table requires no additional comment.

Weight at birth	Premature Live Births									Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day					
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home
3 lb. 4 oz. or less	5	5	-	-	-	-	-	-	-	9	-	-
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	18	4	13	-	-	-	1	-	1	4	-	1
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	13	-	12	1	-	1	3	-	3	1	-	-
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	37	-	36	19	-	19	1	-	1	1	-	-
Totals	73	9	61	20	-	20	5	-	5	15	-	1

Table reproduced from Form L.H.S. 27 (as amended by subsequent notifications received from Rochford Hospital).

Deaths of Children Aged 1-5 years.

There were 4 deaths, 1 male and 3 female in this age group, as compared with 8 in the previous year. All occurred between the first and second year of life.

Causes

Meningitis complicating otitis media	M	1
Congenital heart (Mongol)	F	1
Lobar Pneumonia	F	1
Aspirin poisoning (Accidental)	F	1

Distribution of Welfare Foods.

The arrangements for the distribution of welfare foods, made in the previous year, were continued without material alteration. Distribution is effected from the following:-

The Municipal Health Centre.
13 weekly sessions at 9 Infant Welfare Clinics.
W.V.S.Headquarters, 40, Victoria Avenue, Southend.
16 retail traders, as follows:
Priory Drug & Photographic Stores, 347/349, Victoria Avenue, Southend.
Mr.M.K.B.Blackmore (Chemist), 229, Hamstel Road, Southend.
Hamstel Drug Stores, 343 Hamstel Road, Southend.
Mr.C.P.Howells, (Chemist), 235, Woodgrange Drive, Southend.
Wendy's (Children's Wear), 413, London Road, Westcliff.
Somerset Pharmacy, 84, Bridgwater Drive, Westcliff.
Mr.W.B.Kerr (Druggist), 400/404, Station Road, Westcliff. Until 2.7.55.
Mr.R.H.Codner (Chemist), 117, Rectory Grove, Leigh.
Elm Drug Stores, 92, Elm Road, Leigh.
Belfairs Chemists, 327, Eastwood Road North, Leigh.
Messrs.French & Berry (Chemists) 13, Rayleigh Road, Eastwood.
Mr.J.H.Parkes (Chemist), 72, West Road, Shoeburyness.
Messrs.Williams and Lane, 659, London Road, Westcliff From 14.1.55
Pavilion Pharmacy, 1075 London Road, Leigh. From 18.1.55.
Messrs.Harrison & Howells, 7 Cluny Square, Southend. From 6.6.55
Angus Grant, Ltd., 74 Sutton Road, Southend. From 9.8.55

The following issues were made:

	N.D.M. tins	*C.L.O. bottles*	*Vit.A & D packets*	*O.J. bottles*
Jan-Mar.	14,331	5,223	1,923	26,971
Apr-Jun.	14,325	4,165	1,906	31,305
Jul-Sept.	14,500	3,899	1,888	36,067
Oct-Dec.	14,086	5,535	1,898	27,927
Total	57,742	18,822	7,615	122,270

SECTION 23. MIDWIFERY.

Staff.

At the end of the year there were 11 full-time domiciliary midwives, the vacancies caused by the resignations of Mrs. Eggleston and Miss Prince being filled by the appointment of Miss King and the transfer from the home nursing service of Mrs.Smith (formerly Miss Adcock).

Mrs.Franklin and Miss Cooper, attended Refresher Courses in April and October respectively.

Transport.

Motor car allowances are paid to eight midwives. It will be a great advantage to the service when all have independent motor transport.

Work of Municipal Midwives.

A total of 708 deliveries was attended by your midwives, 35 fewer than in the previous year. In addition 35 mothers confined in Rochford General Hospital and discharged before the 10th day of the puerperium were cared for by them. Medical practitioners were present at 117 deliveries, the remaining 591 being conducted solely by midwives. The factors which make hospital confinements popular are discussed elsewhere in this report, so it will here suffice to remark that notwithstanding the fact that a number of mothers accept with reluctance the necessity of having their babies at home, the services of your midwives are much appreciated and it is very rare to hear anything but commendation of them. The authority issued free 945 sterilised maternity packs for use at other than hospital confinements.

Number of deliveries attended by Municipal Midwives during 1955

	Doctor present at time of delivery	*Doctor not present at time of delivery*	*Total*
Doctor booked	99	211	310
Doctor not booked	18	380	398
	117	591	708

Relief of Pain.

All your midwives are trained in the administration of gas and air analgesia. The proportion of mothers who received this was approximately the same as last year - 82%. Pethidine is supplied to all the midwives and was administered to 251 patients. It is probably the combination of methods which has improved the degree of relief reported in 402 cases as follows (last year's percentage in brackets).

Complete relief	35.8%	(26.8%)
Considerable relief	59%	(68.6%)
Unsatisfactory	6.2%	(4.6%)

Midwives may now administer Trilene by means of apparatus which is specially approved and certified. It is a liquid, a small amount of which is effectively administered from a compact apparatus, and therefore it has great advantages as regards portability over the older-established gas and air. Trilene is now being used in the maternity wards of the hospital and we await the recommendation of your obstetric adviser as to its introduction into domiciliary midwifery practice.

MIDWIVES ACT 1951.

Work of Local Supervising Authority.

Notice of intention to practise was given by 26 midwives, four of whom worked in private domiciliary practice, six in Nursing homes and one attached to a mother and baby home between them they attended 864 mothers. Of the 15 midwives in the employ of the Local Health Authority, two were respectively the superintendent of the domiciliary midwifery service and her deputy, the remaining 13 being employed as whole-time domiciliary midwives.

MEDICAL AID UNDER SECTION 14(1) OF THE MIDWIVES ACT 1951.

Medical aid was summoned on 94 occasions, or in 13.2 per cent. of cases attended by midwives, an increase of 2.0 per cent. on last year.

MATERNAL MORTALITY.

When the year entered its final month with no maternal death we had hopes that it would close without our losing even one mother. Unfortunately this was not to be, for Mrs. S. aged 29, died from haemorrhage from a ruptured ectopic pregnancy of nine weeks duration of which she was unaware. This fatality must be regarded as completely unavoidable.

Maternal Mortality

Comparative rates per 1,000 births (Live and Still)

	From Sepsis		Other Causes		Total	
Year	Southend	England and Wales	Southend	England and Wales	Southend	England and Wales
1955	-	0.16	0.51	0.48	0.51	0.64
1954	-	0.13	0.97	0.56	0.97	0.69
1953	-	0.16	0.96	0.60	0.96	0.76
1952	-	0.16	0.95	0.56	0.95	0.72
1951	-	0.43	-	0.36	-	0.79
1950	0.46	0.12	-	0.74	0.46	0.86
1949	0.41	0.22	-	0.76	0.41	0.98
1948	-	0.29	0.4	0.73	0.4	1.02
1947	-	0.26	0.61	0.92	0.61	1.18
1946	-	0.31	0.68	1.12	0.68	1.43
1945	0.95	0.49	0.95	1.31	1.90	1.80
1944	-	0.60	1.09	1.34	1.09	1.94
1943	0.75	0.73	2.99	1.56	3.74	2.29
1942	1.69	0.8	3.38	1.7	5.07	2.5
1941	2.10	0.8	5.21	2.0	7.31	2.8
1940	1.94	0.8	1.94	1.9	3.88	2.7
1939	-	0.8	1.25	2.2	1.25	3.0
1938	-	0.9	2.56	2.2	2.56	3.1
1937	0.62	1.0	3.74	2.3	4.36	3.3
1936	-	1.4	1.18	2.4	1.18	3.8
1935	0.64	1.7	2.55	2.4	3.19	4.1
1934	0.64	2.0	3.22	2.6	3.86	4.6
1933	1.43	1.8	3.59	2.7	5.02	4.5
1932	2.10	1.6	4.9	2.6	7.0	4.2
1931	0.70	1.7	4.20	2.5	4.90	4.2
1930	-	1.9	2.61	2.5	2.61	4.4
1929	1.44	1.8	3.59	2.5	5.03	4.3
1928	1.99	1.8	1.32	2.6	3.31	4.4
1927	2.17	1.6	2.9	2.5	5.07	4.1
1926	2.55	1.6	3.19	2.5	5.74	4.1
1925	2.62	1.6	1.96	2.5	4.58	4.1
1924	0.69	1.4	2.09	2.5	2.78	3.9
1923	1.35	1.3	1.35	2.5	2.7	3.8
1922	0.65	1.4	3.3	2.4	3.95	3.8
1921	1.22	1.4	2.43	2.5	3.65	3.9

Summary

	From Sepsis		*Other Causes*		*Total*	
Years	Southend	*England and Wales*	Southend	*England and Wales*	Southend	*England and Wales*
1921-1930	14.68	15.8	24.74	25.0	39.42	40.8
Average rate	1.47	1.58	2.47	2.5	3.94	4.08
1931-1940	8.07	13.7	29.13	23.8	37.2	37.5
Average rate	.81	1.37	2.91	2.38	3.72	3.75
1941-1950	6.36	4.62	15.31	12.18	21.67	16.80
Average rate	.63	.46	1.53	1.22	2.16	1.68
1951-1955						
Average rate	-	.21	.68	.51	.68	.72

SECTION 24, HEALTH VISITING.

This is a difficult time for health visitors and employing authorities, most of the latter, like ourselves, have difficulties in recruitment. Nurses tend to be discouraged from seeking to train as health visitors because salary scales are thought to be somewhat ungenerous when the compulsory post-graduate year of whole time training, and the admittedly slender opportunities for promotion in the profession, are taken into account.

The established health visitor is often apprehensive about the future. While ready to pay tribute to the work of many children's departments, she has resented very deeply her alienation from matters such as child life protection, the visiting of boarded-out children, and adoptive children, and now she is beginning to wonder to what extent her work in the preservation and re-establishment of the family as a unit is to be encroached upon.

She also knows too that the necessity for her long basic training in nursing and midwifery is questioned by those who would favour an academic rather than a vocational approach.

In such circumstances it is hardly surprising that unrest and uncertainty exist, particularly when within the public health service itself there are those who would seek to extend the practice, which in rural areas is not only satisfactory but inevitable, of combining the work of health visitor with that of district nurse and midwife.

There are however, a number of reasons why the health visitor should be reassured. While it is good for those engaged in curative medicine to teach prevention, there are pitfalls when those whose prime purpose is the furtherance of preventive medicine, engage in treatment. It is a truism of economics that bad money drives out good, and whenever we treat a patient his treatment becomes more important than his education, both to himself and to those around him. The disadvantages attendent upon prevention are well set out by Professor J.M.Mackintosh in the Heath Clark Lectures, when he says -

"Palliatives nearly always take precedence over prevention, and our health services today are too heavily loaded with salvage. Treatment - the attempt to heal the sick - is more tangible, more exciting and more immediately rewarding, than prevention".

Another disadvantage in combining treatment and prevention is that the opportunities for contact which the furnishing of treatment affords are at once more charged with emotion and more discontinuous than are those which come from the regular and prolonged association of the health visitor with the family in her care.

As for the need of the basic skills of nursing and midwifery, one may point out that maturity of outlook is essential to any social worker and that there are few vocational trainings which engender the same degree of maturity as nursing and midwifery. The English are a practical people with an instinctive distrust of the theoretical. It is surely the health visitor's technical knowledge and the mother's willingness to avail herself of it that justifies and secures the first contacts between them. Because the health visitor is a technician she is the recipient of confidences which would otherwise be withheld, and indeed without it she would find her job well nigh impossible. In social work, as in medicine, specialism is not only inevitable, but necessary. The specialist is one who has been said to know more and more about less and less. It follows therefore that the more specialists there are, the greater is the need for the general practitioner, whose job it is to see the patient as an individual and to understand his make-up, to know when he requires assistance, and where to turn for it. There are few patients who ultimately are more unfortunate than those who do not allow themselves to be guided by their general practitioners.

No informed person would deny that the health visitor is the general practitioner of social medicine and when once this is generally recognised, surely her position must be secure. One of the most promising developments today is the increasing interest which the general practitioner shows in what we call social medicine, and increasingly he is beginning to turn to the health department for advice and for help for his patients. It has not always been thus, and personnel of health departments as a whole, worked long and patiently to encourage this attitude. The general practitioner is however an individualist who seeks to give of his best to an individual patient. In the past he has more often felt it his duty to protect his patient against a system than to invoke a system on behalf of his patient. The habit of professional confidence is ingrained in us, and it is only to those with whom, from his student days, the medical practitioner has worked and upon whom he has relied, that he is willing to entrust the secrets of his patients. In this era the health visitor is the essential bridge between general practice and the local health department, though to say this is not to decry the links which the district nurse and the domiciliary midwife also form.

If these views are correct it must also follow that the health departments must continue as they do at present, to provide most of the personal services to the family, and no matter what specialist functions may be placed with other

departments of the local authority these should, like the specialist in medicine, take up a case at the request of the health department and return it when their specialised help is no longer essential.

Your establishment of health visitors and school nurses is much below the average for populations of similar size, and consequently the number of families in health visitors' areas is much greater than is usually considered ideal. The constitution of your population is such that many families do not require the intensive visiting necessary in some communities, but the abnormal proportion of the elderly and the local practice of treating infectious diseases in the home wherever this is practicable impose a burden which tends to be overlooked. There is also a substantial number of families who require the continuing help of the health visitor if they are to give to their children even an acceptable minimum of provision.

We entered upon the year with grave deficiencies in our meagre establishment, we had only eleven health visitors in post and even with the part-time assistance given by Miss Burnett and Miss Butcher whose retirements took place in 1954, the staff faced the new year with the knowledge they could expect no additional assistance until the early autumn when two students sponsored by the authority would complete their training.

In spite of this and the epidemic of measles which occurred their work was admirably sustained as was their programme of teaching in the schools. They also found time to maintain their practice of providing health teaching to the numerous young wives organisations which are a feature of local community life.

It is gratifying to record that their interest in the old has developed steadily. They advise on applications for admission to Part III accommodation and are the means by which other services such as home nursing and home helps are deployed to best advantage. The part which they play in preventing institutionalisation of the old has been invaluable.

The first of your student health visitors, Miss B. A. Russell and Mrs. L. Firsht (née Millow) successfully completed their training at the Royal College of Nursing in July. Miss M. Bryant and Miss M. Kidder commenced student health visitors' course in January 1955, full time training being taken at Battersea Polytechnic. During the summer vacation they both relieved in the Department, obtaining first hand experience for themselves and helping us over the acute difficulties of the holiday season. Your Committee has every reason to be gratified by the success of your first student health visitors. It is most probable that the arrangements which have begun so fortunately, will be continued in the future.

The refresher courses, which each health visitor must attend once every 5 years, continued to be helpful and popular. The staff are particularly appreciative of being allowed to choose the courses which most appeal to them. Miss M. Brennan went to the Cambridge Summer School from 16th - 30th July, 1955, and Mrs. A.M. Hart went to the Leicester Autumn School from 3rd - 17th September, 1955.

We continue to welcome the opportunity of affording experience to student health visitors from the various training centres. The superintendent health visitor organises and supervises their instruction with care and imagination. Students are invariably highly appreciative of the excellent facilities offered them, while their presence is a challenge and a stimulus to the whole Department.

Reference is made in another section to work with families who come to Southend under arrangements made between the War Department and various hoteliers and boarding house keepers. For reasons which will be quite obvious, many of these service families need all the help we can give them. The following figures relating to the period 1.2.55 to 28.12.55 show how considerable is this movement of service families.

Families placed			515
Comprising children	0 - 1	66	
	1 - 2	52	
	2 - 5	259	
	5 - 15	584	
Families removed			323
Comprising children	0 - 1	26	
	1 - 2	39	
	2 - 5	171	
	5 - 15	443	

The National Association for the Prevention of Tuberculosis paid a well deserved compliment to the superintendent health visitor by inviting her to speak to the Fourth Commonwealth Health and Tuberculosis Conference at the Royal Festival Hall on "How social and voluntary workers help the health visitor in her work". She also opened a discussion at the Royal College of Nursing on "The Practical Training of the Student Health Visitor", a subject upon which she speaks with authority. Talks to local organisations were given as under:-

Trinity Church Young Wives' Group	16. 2.55	Miss Stevens
Girls' Life Brigade, Crowstone Congregational Church	30. 4.55	Mrs. Fairfax
The National Council of Women, Queens Hotel	6.55	Miss Stevens
St. John's Young Wives' Group	9.55	Mrs. Fairfax

Girls' Life Brigade, Dalmatia Road	10.55	Miss Stevens
" " " " "	5.11.55	Miss Stevens
" " " " "	22.11.55	Miss Stevens
International Organisation, "The Caravan of England", Southend-on-Sea Branch.	15.10.55	S.H.V.
Westcliff Baptist Young Wives' Group, London Road.	26.11.55	S.H.V.
St.Mark's Church Young Wives' Club	13.12.55	S.H.V.

Work of Health Visitors.

Infants under 1 year ...	First visits	2,122
	Subsequent visits	5,284
Children aged 1-5 years...	No.of children visited	8,665
	No.of visits paid	13,321
Expectant mothers ...	First visits	1,221
	Subsequent visits	513
Communicable diseases ...	First visits	2,149
	Subsequent visits	677
Nurseries and Daily Minders	First visits	31
	Subsequent visits	161
Special visits ...	First visits	589
	Subsequent visits	234
Tuberculosis ...	First visits	57
	Subsequent visits	3,567

SECTION 25. HOME NURSING.

This service continued its satisfactory development. At the end of the year, exclusive of supervisory staff, there were employed 18 whole-time nurses (four being men) and 17 part-time nurses whose services were equivalent to ten whole-time staff; the names of 8 women and 4 men were on the Roll of the Queen's Institute.

Good transport facilities increase the amount of work which a district nurse can do. This is most important as the current growth of treatment by injection calls for a large number of visits, each of which occupies a short time. You encourage staff to provide motor transport and to take advantage of the Corporation's scheme for assisted purchase; mileage allowances are then paid in accordance with national agreements. At the end of the year 7 nurses were in receipt of motor car allowances and two of motor cycle allowances. One male nurse was provided with a motor cycle from the Central Transport Pool. 21 pedal cycle allowances were also paid.

Relations with the Queen's Institute continued cordial and close. Alderman Mrs. Leyland, O.B.E., retained her membership of its Council and Alderman Mrs. Broom of its Joint Committee. Your

medical officer of health continued a member of the Council and of the Nursing and Midwifery and Joint Sub-Committees of the Institute. Visits of its supervisors are welcome and helpful, and one acknowledges gratefully the assistance which is always given by the headquarters staff.

Miss B J. Adcock and Miss B.E. Hobbs completed their training during the year and became Queens Nurses, while Miss D. Burton and Miss V.F. Dermott were in training at the end of the year.

It is rare for a meeting of the Health Committee to pass without the medical officer of health having the pleasant duty of submitting letters of thanks for the services of the home nurses. Their work calls for professional adaptability and understanding alike. For them there is none of the drama associated with the operating theatre or the short sharp battles of the hospital's acute wards, instead they have the monotony of familiar surroundings, infrequent changes of patients, and the knowledge that their attentions can seldom cure though often ameliorate. They have to find resources within themselves to give hope when hope sickens, and to encourage when courage is fretted and failing through the slow attrition of pain.

The qualities which make a good district nurse are perhaps more readily to be found in women than in men so we are fortunate in our present male staff, each of whom provides a standard of care with which any Queen's Sister might well be satisfied.

The table which follows shows that in 1953 45% of our patients were aged 65 and over at the time of a first nursing visit and called for 48% of all the items of nursing attention recorded. By 1955 the proportion of patients had remained much the same, but instead of half our work being on their behalf they needed two thirds of it.

	Patients who were 65 or over at the time of the first visit during the year		*Children who were under 5 at the time of the first visit during the year*		*Patients who have had more than 24 visits during the year*	
	No.	*Visits paid*	*No.*	*Visits paid*	*No.*	*Visits paid*
1953	1,913	43,120	161	847	858	67,261
1954	2,054	67,517	133	764	975	75,912
1955	2,282	70,279	135	820	1,084	82,444

The table which is set out below requires little comment, showing as it does the variety of conditions which your nurses treat and the ever increasing number of nursing visits made

Classification of Conditions treated	*NO. OF PATIENTS VISITED*					
	1949	*1951*	*1952*	*1953*	*1954*	*1955*
Accident	23	36	38	23	27	29
Amputations	6	10	6	8	8	6
Blood Diseases ...	32	79	84	98	116	141
Bronchitis and Pleurisy	81	188	234	290	246	300
Burns and Scalds ...	20	17	25	19	16	39
Carbuncles, Boils and Abscesses	44	255	356	252	249	295
Cardiac and Circulatory Conditions ...	200	386	505	587	639	755
Cerebral Haemorrhage ...	142	220	226	216	210	230
Dental Conditions ...	-	21	17	11	16	16
Diabetes Mellitus ...	142	177	186	191	202	222
Ear, Nose and Throat Conditions	88	223	394	321	280	286
Empyema	-	4	1	1	-	2
Enema (for treatment)	188	201	230	249	266	303
Enema(for investigation)	255	470	482	438	454	482
Eye Conditions ...	13	28	35	33	20	26
Fractures	27	32	42	61	45	53
Gangrene	9	13	11	9	6	3
Gastric Conditions ...	19	31	42	19	14	30
Gynaecological Conditions	45	78	80	75	77	81
Helminth Infections ...	55	78	68	52	33	7
Infectious Diseases ...	5	10	11	6	9	13
Influenza	11	15	9	10	6	10
Injections (for unclassified causes)	20	32	43	42	29	25
Maternity	7	42	53	24	17	40
Miscarriage	13	17	17	13	6	10
Malignant Diseases ...	167	229	226	200	170	170
Nervous Diseases ...	2	11	14	10	14	9
Operations	8	9	8	24	31	19
Orthopaedic	-	21	6	10	18	17
Paralysis(other than strokes)	37	45	36	36	45	55
Pneumonia	90	215	206	241	170	207
Prostatic Conditions ...	66	53	50	56	59	54
Pyrexia of unknown origin	-	-	8	16	8	13
Rheumatic Diseases ...	62	80	105	88	94	93
Senility	135	136	142	178	155	165
Skin Conditions ...	26	33	39	41	30	42
Surgical Dressings ...	92	76	78	90	101	105
Surgical Tuberculosis) Pulmonary Tuberculosis)	22	88	56	89	94	125
Urinary and Renal Conditions	3	32	34	40	32	62
Ulceration of Legs ...	36	58	51	53	61	77
Not classified ...	8	17	19	24	15	20
Total patients	2,199	3,766	4,273	4,244	4,088	4,637
Total visists	56,897	80,369	87,291	89,607	97,698	106,010
Total of whole-time and equivalent whole-time staff	14.5	22	24	26	27	28

SECTION 26 - VACCINATION AND IMMUNISATION.

Vaccination.

The arrangements described in previous reports continued without alteration.

No. vaccinated by:	*Total*
(a) Private practitioners:	
(i) Primary	618
(ii) Re-vaccinations ...	489
(b) At Council's Clinics:	
(i) Primary	191
(ii) Re-vaccinations ...	13
	1,311

Diphtheria Immunisation.

Number of children who completed a course of primary immunisation during the year:-

	1954	*1955*
(a) At Council's Clinics:		
(i) Children under 5 ...	376	222
(ii) Children 5-14 ...	41	11
(b) By Private Practitioners:		
(i) Children under 5 ...	921	853
(ii) Children 5-14 ...	52	39
	1,390	1,125

Number of children who were given a secondary or reinforcing injection:-

	1954	*1955*
(a) At Council's Clinics	259	118
(b) By Private practitioners	192	170
	451	288

The return relating to the proportion of the child population immunised against diphtheria, as furnished to the Ministry of Health, is reproduced below.

Number of Children at 31.12.55, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1.1.41)

Age at 31.12.55 i.e. Born in Year	Under 1 1955	1-4 1951-1954	5-9 1946-1950	10-14 1941-1945	Under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1951-1955 ...	53	3,923	3,322	531	7,829
B. 1950 or earlier	-	-	4,546	5,460	10,006
C. Estimated mid-year child population	1,980 (2.68%)	7,720 (50.8%)	21,600 (64.1%)		31,300 (56.9%)

SECTION 27 - AMBULANCE SERVICE.

Mr. E. A. Beasant, Ambulance Officer, reports:-

"Patients suffering from infectious diseases including tuberculosis are conveyed by the Corporation's own ambulances, while others who do not require to travel on stretchers are dealt with by the Hospital Car Service and the Corporation's own sitting case ambulance and Central Transport Pool vehicles.

The St. John Ambulance Brigade act as the Corporation's agents in providing an accident and invalid ambulance service. The Superintendent, Mr. W. J. Clitter, to whom the Brigade owes so much, retired on 31st March, 1955, being succeeded by Superintendent E. A. Harris, D.P.A.

Superintendent Clitter received the thanks of the Council on 3rd May, 1955, when the Mayor, Alderman H. N. Bride, J.P. made the following citation:-

"The St. John Ambulance Brigade and the Ambulance Association have a long and honourable tradition of service to this town and we are fortunate that these organisations have been equal to the ever-growing demands which the growth of our hospital services have made on them. The association between the St. John Organisation and the Corporation has become more cordial and complete with the passage of time.

We will not lightly forget the part these organisations play in preparing our civilian defences in the few months given to us to prepare for the onslaught of 1939, or the services they gave during the whole of that period.

With the return of peace, the St. John Brigade, in common with nearly every other voluntary organisation in the country, had partially to recreate itself, and Mr. W. J. Clitter, whose services we are so happy to recognise today, played a supremely important part in doing this locally. We recognise his singleness of purpose, his driving force and ability to get things done.

The growth of the ambulance fleet, the extension of the garages, the smooth integrated working of the present ambulance service and in particular its assumption of responsibility for attendance at street accidents, are monuments to his work which will long endure. Mr. Clitter's final contribution to the borough in his official capacity is the provision of a first aid station on the Eastern Esplanade which is to be officially opened during the next few weeks and although he has officially relinquished his office, he is completing this project which will be of inestimable value to the town and its visitors. Perhaps his most important contribution has been to foster, encourage and develop a disciplined and selfless spirit of service to the community without which there can be no effective democracy."

The following table details the work undertaken by the service during the year:-

Service	Mileage	Patients Carried	Journeys	
			Patients Conveyed	Abortive or Service
St. John Ambulance Brigade	86,050	11,708	4,296	177
I.D. Ambulances	7,046	1,667	872	66
Sitting Case Vehicles	21,349	11,706	1,939	63
Corporation Car Pool	10,286	455	363	4
Hospital Car Service	181,002	42,746	4,174	72
Private Hire Cars	1,143	51	50	-
Corporation Motor Buses	374	201	20	-
	307,250	68,534	11,714	382

All local health authorities have found it necessary continuously to expand their ambulance service, and Southend-on-Sea has been no exception. Each year the calls made on us have grown and last year the number of patients carried rose by 9,225 and the distance covered by the various vehicles by 27,843 miles. The main burden of this growth fell on the St. John Ambulance Brigade and the Hospital Car Service respectively as the following figures show.

	Additional Patients	Additional Miles
St. John Ambulance Brigade	2,236	8,503
Hospital Car Service	6,938	14,180

The local health authority is almost wholly in the hands of the Hospital Management Committees which operate in this area, because the greater part of ambulance transport is called for by the hospitals. Every development in the hospital world tends to increase the call for transport. When patients are discharged earlier than they used to be they are less able to make their own way home from hospital. Growth of out-patient facilities, particularly physiotherapy, remedial gymnastics and the like, creates its own demand for the conveyance of patients. It is the incapacitated out-patients requiring continuous therapy who represents the greatest liability of the ambulance service and as there is every prospect that these departments, which at the present time are under the severest pressure, will extend very considerably when money and personnel are available, there is no likelihood that the costs of the ambulance service will not continue to rise.

The ambulance vehicle specially adapted for the carrying of non recumbent patients offers some prospect of slowing down the constant growth of ambulance costs and attention is being paid to the possibilities of extending its use locally with the prospect of reducing progressively the

vehicle mileage per patient.

The following Table sets out figures for the service since its inception. Once again the opportunity is taken of expressing thanks to the hospital transport officers for their continued assistance in ensuring that the use of this service is restricted to patients for whom it is essential.

Total Mileage	*1949*	*1950*	*1951*	*1952*	*1953*	*1954*	*1955*
Ambulances:							
St. John Ambulance Brigade	71,998	71,615	66,787	70,561	72,807	77,547	86,050
Infectious Disease Ambulances	6,604	7,933	7,876	6,707	6,442	6,351	7,046
Total Ambulance Mileage	78,602	79,548	74,663	77,268	79,249	83,898	93,096
Sitting Case Vehicles:							
Sitting Case Ambulance	–	–	10,490	19,950	21,733	21,041	21,349
Hospital Car Service	89,367	126,952	119,622	127,553	153,119	166,822	181,002
Corporation Car Pool	4,506	4,501	9,010	9,457	8,205	6,739	10,286
Private Hire Cars	–	–	388	360	342	739	1,143
Corporation Motor Buses	–	–	–	–	–	168	374
Total Sitting Case Mileage	93,873	131,453	139,510	157,320	183,399	195,509	214,154

Wherever possible patients, whether stretcher or sitting, are transported over long distances by rail and the medical profession and the public are now beginning to appreciate the advantages of this method of travel which is quicker and more comfortable for the patient. The staff of the British Railways are always most co-operative and do everything within their power to ensure the comfort of the patients and it gives me pleasure to record my appreciation of the part they play in the smooth working of these arrangements. Our thanks are also due to the London Ambulance Service who meet patients on arrival at Fenchurch Street, convey them to London hospitals or railway termini en route to their destinations.

Rail Journeys

	1951	1952	1953	1954	1955
Rail Mileage	5,397	7,745	12,361	21,676	20,668
No. of Patients	98	154	242	492	422
Cost	£41. 19. 3	£77. 5. 2.	£111.10.11.	£195.19.6.	£168.15.2.

The amounts paid to bodies providing agency services since 1949 are:-

	1949	1950	1951	1952	1953	1954	1955
	£ s. d	£ s. d	£ s. d	£ s. d	£ s. d	£ s. d	£ s. d
St. John Ambulance Brigade	4,877 1 2	5,497 18 6	5,330 13 2	8,123 1 4	8,934 7 8	10,413 8 9	11,545 0 10
Hospital Car Service	2,331 11 9	3,338 12 0	3,202 0 6	3,732 1 3	4,606 14 1	5,036 3 5	5,539 2 11

SECTION 28 - PREVENTION OF ILLNESS, CARE AND AFTER CARE.

1. TUBERCULOSIS.

In previous reports reference has been made to the satisfactory way in which prevention, care and after care are co-ordinated with diagnosis and treatment.

The authority, no less than the inhabitants of this corner of Essex, can congratulate itself on the skill and enthusiasm displayed by the consultant physician for tuberculosis. The medical officer of health has good reason to be grateful for his appreciation of the importance of preventive work.

It is equally fortunate that we have been able to arrange that the administrative headquarters of the tuberculosis service are so near to the Health Centre and that personal contacts at all levels are so easy.

The case assistant, whose post was first established in 1952 continues to make an important contribution to the welfare of patients and their families. The small but persistent decline in the number of references to her is evidence of continuing success in dealing with this disease.

The number of individual patients dealt with was 90 and the 183 interviews recorded relate to.

Training	25
Financial assistance	49
Rehabilitation and employment...	56
Housing	26
Miscellaneous...	27
	183

The staff conference did not require to meet as frequently as formerly, but its work was as valuable as ever. The subject most frequently considered by the conference was housing but there was a marked tendency during the last year to use it also

to elucidate questions of infection and to plan and co-ordinate investigation and preventive measures. For the careful consideration which the Housing Committee has given to our recommendations we continue to be grateful, and only regret that the housing situation generally is such that we can only ask for what is essential and not for what we know to be desirable.

Dr. E. G. Sita Lumsden, the consultant chest physician, has kindly commented as follows:-

"*Contact Examination.*

Of 1,156 contacts examined during the year, the 408 associated with the newly diagnosed cases yielded another 7. Among contacts under surveillance from previous years four cases were notified Attendances totalled 2,006.

Activities of Health Visitors.

The number of visits paid to tuberculous patients and their contacts fell by 1,184 to 3,624. This was mainly due to the retirement of one of the two health visitors in June; her return to part-time duty on the 5th July for three half-day sessions weekly was very welcome; this arrangement continued until the end of the year. The number of households in the County Borough where there had been a patient excreting myco-bacterium tuberculosis during the six months prior to the end of the year was 91; their supervision has been strictly maintained.

Home Nursing.

Although any patient needing institutional treatment could be admitted to Rochford Hospital forthwith, domiciliary management of the whole or part of the patient's treatment was nevertheless frequently employed and found to be very valuable. For this we have to thank the Home Nursing Service, which continued to co-operate wholeheartedly with the Chest Clinic and made 5,694 visits - an increase of 2,418 over the previous year - to 118 tuberculous patients.

Home Help Service.

There was a further fall in the demand for domestic help in the homes of tuberculous patients, assistance being provided for 9 cases, as compared with 12 in 1954.

Extra Nourishment.

Free milk at the rate of one pint per day was supplied to 67 patients during the year.

B.C.G. Vaccination.

(a) Contacts

One hundred and twenty-one children, contacts of patients suffering from tuberculosis, in most cases a parent, were vaccinated with B C G, 44 less than in the previous year. Segregation of the vaccinated caused no difficulties because the infectious patient can now be admitted to hospital almost without any delay, while, with the new-born, it is nearly always possible to arrange for retention in hospital until vaccination has been carried out.

(b) School Children. Circular 22/53.

The arrangements for B.C.G. vaccination of 13 year-olds, which were described fully in the previous report, continued unchanged throughout the year. Details of work are set out below.

School	*No. Invited*	*No. Consents*	*Positive*	*Negative. B.C.G. Vaccinated*
Shoebury H.S.	143	99	10	84
Wentworth H.S.	192	126	13	106
Southchurch Hall H.S.	193	112	23	78
Fairfax H.S.	117	78	11	62
Eastwood H.S.	131	107	18	86
Belfairs H.S.	202	125	15	106
Westborough H.S.	130	88	15	71
Westcliff High Boys	109	68	17	51
Westcliff High Girls	107	68	10	58
Southend High Boys	109	79	10	67
Southend High Girls	109	80	17	60
St.Bernards	90	61	6	50
	1632	1091 = 66.8% of Col.1.	165 = 15.1% of Col.2.	879 = 80.6% of Col.2.

Tuberculin-test surveys of class-contacts of notified children are carried out when either the source of infection cannot be established or where there is any possibility that the patient himself may have been infective to others.

Mantoux tests were carried out in classes at three schools and tuberculin jelly patch tests at two others. Positive reactors were offered X-ray examinations at Lancaster House Chest Clinic but no evidence of infection in school was found.

Tuberculosis After-Care Sub-Committee.

The following statistics are furnished by the Secretary, Miss Thompson, B.Sc., of the Civic Guild of Help, to whom we are indebted as always for much assistance. They relate to the Tuberculosis After-Care Sub-Committee of that organisation to which the authority made a grant of £550.

Type of Assistance	Number Assisted	Cost £	s.	d
Clothing	14	77	9	2
Travel vouchers to visit patients in hospitals and sanatoria	17	49	3	7
Bedding (to enable patients to occupy separate rooms) and towels	2	16	11	7
Domestic assistance not available under official scheme	1	2	0	0
Furniture	4	20	10	6
Groceries and Milk	3	25	14	4
Insurances	7	55	16	4
Provision of wireless sets	4	19	5	0
Miscellaneous	36	67	18	2
	88	£334	8	8

Rehabilitation.

One patient was maintained at Papworth for 106 days and one at Preston Hall for 78 days at a total cost of £110.15s.6d.

2. ILLNESS GENERALLY

Convalescent and After-Care Homes.

During the year, 58 patients were provided with recuperative holidays or after-care for periods which varied from one to six weeks. The total cost of this provision was £768.1s.8d, towards which patients or their relatives contributed £237.9s.6d.

The Therapeutic Social Club.

The club, founded by Dr Strom-Olsen and the psychiatric social workers at Runwell Hospital, receives financial assistance from the authority. It continues as tenant of the British Red Cross Society at their headquarters 4, Nelson Street, Southend-on-Sea.

Home Nursing Requisites.

Requisites such as bed pans, urinals, air-rings, water-proof sheets, hot water bottles, air beds, water beds, back rests, bed cradles, bed tables, wheel chairs, that is to say articles most universally in demand - are supplied on loan by the local division of the St. John Ambulance Brigade, the superintendent of which has kindly furnished the following information about articles loaned during the year.

Patients assisted	1,105
Articles loaned	1,506
Average period of loan 6/7 weeks	

THE HARD OF HEARING.

The registration of this club was noted in last year's report. Mr. Walter G. Beecroft, F.R.S.A., became its first president. From 4th August it met on Thursday evenings instead of Friday, a change which permitted the use of more accommodation. The additional

expenditure involved was met by the Council.

With the co-operation of the Education Committee and the Principal of the Municipal College, the lip-reading class continued to be held there, our speech therapist being in charge.

SECTION 29. DOMESTIC HELP.

The direction and administration of this scheme continued unaltered. The employment of a high proportion of part-time workers is essential if a proper flexibility is to be preserved, as staff needs to be increased to meet the heavy calls of the first three months of the year, after which recruitment can be suspended for some time.

Elsewhere in this report are set out statistics about the comparative costs of the health services provided by local authorities Your expenditure on the Domestic Help Services per 1,000 population rose from £116. 18s. 0d to £118. 11s. 0d and the staff-cost per case serviced, from £23. 19s. 0d to £25. 7s. 0d, both very moderate increases in an inflationary period.

We were surprised to read that only two authorities showed a lower proportion of long-term cases helped than we did. Enquiry elicited that this figure is calculated from the number of cases assisted irrespective of the woman-hours assigned to each. To take an extreme example of the consequences of this method, a maternity case and a chronic incapacity case are equated, although the first would absorb only 88 hours in a year and the other could require no less than 2,288 hours of paid help, If equal amounts of help are given to long-term cases and maternity cases, the formula could give the proportion of long-term cases as only 4%.

It follows therefore that a service which gives any priority to maternity and acute cases, must return a misleadingly low figure for long-term cases, yet another example of the pitfalls which abound where statistical comparisons are attempted.

You spent £24,424. 5s. 8d on wages in providing an average of 3,400 woman-hours each week; £4,606. 5s. 1d, being 18. 8% of the wage bill, was recovered from the persons assisted. The charge made to persons paying the full cost is 3s. 3d per hour.

Domestic and Home Help Scheme 1955

Staff employed:-	on 1.1.55	on 31.12.55
Full-time	15	11
Part-time ...	120	115
Casual ...	3	2
	138	128

Number of cases assisted:-

Domestic Help Cases	...	762
Home Help Cases	...	216

of these

487	were assisted under 1 month
139	" " 1 - 3 months
71	" " 3 - 6 months
99	" " 6 -12 months
182	" " over 12 months

Assessments	*Domestic Help*	*Home Help*
FREE	198	7
10/- per week and under ...	297	24
Over 10/- and under £1 ...	62	26
£1 - £1.10s.	47	55
£1.10s. - £2	18	29
£2 - £3	21	26
£3 - £4	8	15
£4 - £5	1	11
£5 - £6	-	2
£6 - £7	-	5
FULL COST...	110	16

	Domestic Help	*Home Help*
Total Wages Paid	£22,189. 9. 5	£2,234. 16. 3
Total Collections	£3,970.15.11	£635. 9. 2

RECOVERY OF CHARGES

A local health authority is authorised to make charges for certain services and articles, chiefly domestic help, convalescent and recuperative holidays and milk supplied to patients suffering from tuberculosis.

In 1948 the scale put forward by the financial advisers to local authorities was with some modification adopted by the Council. From time to time since it has been altered.

The Health Committee has always had discretion to modify or depart from it where a strict application would cause gross hardship or injustice. Your officers came to the conclusion during the year that a reconsideration of the scale was necessary.

A report on the suggestions made by them stated:

"They attempt to do two things, (a) to make proper allowance for the decreased purchasing power of money today, and (b) to have regard to the fact that during the last seven years opinion as to what constitutes a reasonable standard of living has changed a lot. Merely to adjust the scale to compensate for the loss of purchasing power would be to do nothing to meet present day ideas.

It is proper to enquire as to the likely effect of any scale upon the acceptance or rejection of these facilities which are intended to further a social policy.

Charges should therefore not:

(a) be so high as to deter people from accepting help they really need, or to cause hardship to prudent responsible people who have no alternative but to accept assistance.

(b) be so low as to remove a proper stimulus to make arrangements independent of the official organisation, or so low as to discourage assistance by neighbours and relatives

A reasonable balance between these considerations is difficult to attain. If the charges are too high, then in general, **only** those who **cannot** afford to pay **anything** will seek assistance. This would be unjust to many rate-payers and would damage the service, because it is bad for the workers always to help those who make no payment for their services. If the charges are too low however, not only will the Committee waste money, but it will be impossible to administer the scheme within the present estimates, because the only factor which now limits the demand is the cost to the user".

Attention was specifically drawn to several very vexed questions. Most scales recognise that a family has certain inescapable overhead expenditure and take this into account either wholely or in part in order to arrive at an "assessable income", that is, an amount which can be considered as being available to a family to meet other obligations.

The most important of these is, of course, rent or mortgage repayments and rates. If a person who is making abnormally large mortgage repayments is, on that account, charged less than a person whose commitments for house purchase are less, it can be argued that he is being assisted in the purchase of his house by the community. It is, however, the case that such commitments are entered upon as a long term policy and upon the assumption that the family circumstances will not materially alter for the worse while they are in force. Not to make allowance for house purchase repayments would therefore be to discourage or even make it impossible for the honourable and thrifty to meet the cost of domestic help.

Then there is a parallel difficulty about hire purchase, clothing clubs and voluntary insurance. These obligations have to be met alike in sickness and in health. Fully to take them into account is to put a premium upon improvidence on the one hand, or penalise excessive prudence on the other. To make no

allowance for them is again to discourage the more responsible elements in the community from making use of the very services which are established for their benefit.

Travelling expenses too, present a nice problem. Employment which entails heavy expenditure on travelling is, in many cases, only accepted if the salaries and wages offered take this into account, but in an area like Southend where there are many skills with a restricted sphere of employment, this argument cannot be pressed too far if a realistic view is to be taken of the situation.

Many authorities first make an assessment of the amount which an applicant would be required to pay if provided with whole-time help and then calculate from this an hourly rate to be charged for the hours actually worked for him. Under this system, which is called "fractionalisation", the charge varies with the amount of assistance given and therefore provides some incentive for the applicant to ask for as little as is essential.

The Health Committee has never adopted this procedure, being of the opinion that if an applicant cannot afford to pay for all he requires, he should be assisted as necessary, and pay what he can. If he can pay £1 per week, this amount is charged for any assistance over 6 hours per week. For shorter periods than 6 hours the charge would be the full hourly cost.

This latter system is logical and avoids the implications created by small charges such as 6d per hour for a service which costs more than 6 times this amount, moreover it must result in a higher proportion of the costs being recovered. This method, not being readily understood by the public, is productive of considerable argument from time to time, but after the fullest consideration your officers have never been convinced that they ought to recommend any change.

The Committee decided to place a ceiling of £2. 5s. 0d weekly on the amount to be allowed in respect of mortgage repayments and rates, to make no allowance for hire purchase and similar commitments and to take into account amounts in excess of 10s. a week necessarily incurred in travelling.

There was impressive evidence showing that most scales operate harshly against the family with numerous dependent children, a fact which seems generally to have escaped notice. It was therefore decided that the amounts allowable in respect of dependent children should be those currently granted by the National Assistance Board increased by 3s. per week per child and to ignore any amounts received by way of family allowances.

Before the new scale was finally placed before the Committee for approval, many variations were tested out each week on the

actual cases which came before the Committee for assessment. Although we had no illusions about the difficulty of formulating an equitable scheme, we had not thought the task would be as difficult as it proved. We are satisfied, however, that the scale adopted by the Council at the end of the year is as realistically constructed as many now in use and goes a long way towards satisfying the requirements that its operation should neither discourage the use of the service nor remove incentives to the recipient to do by his own efforts, whatever is reasonable in his situation.

The service makes an indispensable alternative to hospitalisation or admission to Part III accommodation and enables many to spend the eventide of life in the familiar surroundings of home.

At times of acute family stress and crisis it is equally effective and has gained an enviable reputation with our public, one reason for which is the pride of your workers in being part of an essential social service, and one would like to pay tribute to the sense of vocation with which Mrs. Goddard, the supervisor, has imbued them.

SECTION 51 - MENTAL HEALTH SERVICES.

Recent reports have described in full the organisation of your mental health services, their aims and objects, and discussed fully both the degree and the means of co-operation between the various parts of the National Health Service. Satisfaction has been expressed with the way in which the work of the duly authorised officer has developed and particularly the ever increasing readiness with which the patient and his relatives turn to him for assistance. There were no significant changes, departures or developments which call for any special note and it may therefore be more profitable to comment on some points of general significance.

Throughout the year it was always difficult to secure the admission of the right patient to the right bed, and sometimes this difficulty extended to any bed at all. This happens at a time when the average patient is hospitalised for a shorter period than ever before, and arises primarily from the community's failure to make adequate provision for the consequences of our success in prolonging life.

Patients over 65 form 32.7% of all those admitted to mental hospitals from this area. The older the patients the less hopeful are their chances of recovery, because in many of them time has made irreversible changes, although it would be misleading and even ungrateful not to acknowledge what modern treatment has been able to do for the old. It follows therefore that while the

expectation of life is lengthening, and for some time afterwards, more new beds will be needed each year for the old whose mental deterioration unfits them, even with the help of the present-day social services, to live in the community. The need for institutionalisation is increased by changes in our society; the steady disappearance of the large family, the growing desire to occupy a dwelling of one's own and the sustained opportunities for the full employment of women, being three prime causes.

At the present time little realistic is being done. Beds in mental hospitals accommodate many patients who do not require, and cannot benefit, from their specialised services and, on the other hand, local authorities which take a humane view of their responsibilities, find their accommodation being more and more occupied by those who have grossly deteriorated.

At the same time, public opinion is increasingly disturbed about the unsuitability of Lunacy Act procedures for the mental breakdown of age. It is surely time for the central government and local authorities to come to some agreement about the so-called "half-way house" for the aged who are uncertain in their wits, and for Parliament to reconsider the legal basis of detention.

Against this background, we can point out with great satisfaction that although nearly one third of the patients who entered mental wards were over the age of 65, less than 15% of the old were certified, and only 69 were admitted on Three Day Orders.

At the beginning of the year your medical officer of health was invited by the Society of Medical Officers of Health to give evidence before the Royal Commission on the law relating to mental illness and mental deficiency. His evidence may be of interest in so far as it throws light on the approach of the public health department to these matters. He said that the intervention of the lay magistracy in matters involving the liberty of the subject, which was a protection for officials, the medical profession and the patient alike, did much to reassure public opinion. The present power of relatives to order discharge from hospital occasionally produced grave hardship to the neighbours of anti-social patients, and he suggested that the local authority should have the right to petition against their discharge.

He also addressed himself to the unsuitability of applying the existing law to the aged. He referred to the National Assistance Act, 1948, Section 47, under which patients in urgent need of institutionalisation because of physical breakdown could be removed on a Court order and he suggested that the extension of these powers to the mentally infirm, which incidentally the

Southend Corporation tried to obtain in 1947, would best meet the situation, not to legalise detention in mental hospitals, but in "half-way houses" and Part III accommodation.

The child and young adolescent is even more badly provided for than the old, for although it is but rarely that they require hospital treatment by reason of mental illness, when this happens their need is urgent. The ordinary mental hospital is not the place for them and the number of specialised units is, further, too small. In consequence, those who are charged with the responsibility of looking after them often make fruitless and urgent representations, and valuable time is lost and further deterioration occurs while they wait for a vacancy which is distressingly difficult to obtain.

Mental Illness: Work of the Duly Authorised Officers: 1955

Patients admitted to Runwell Hospital:-

	Males	*Females*	*Total*
Lunacy Act 890			
(a) Section 11. Urgency Order ...	3	26	29
(b) Section 16. Summary Reception	30	69	99
Mental Treatment Act, 1930			
(a) Section 5. Temporary Patients	1	6	7
(b) Section 1. Voluntary Patients	46	82	128
(c) Section 1. Voluntary Patients, direct admissions,	51	44	95

Patients admitted to Rochford General Hospital:-

Observation Wards:-			
Lunacy Act, 1890			
Section 20 (3-day orders) ...	72	67	139
Section 21(1) Justice's Temporary Removal Order ...	1	-	1
Section 21(2) Justice's 14-day order	-	5	5
Direct admissions (without order) ...	27	11	38
Total	231	310	541
Section 28. N.H.S. Act, 1946			
Pre-Care	25	61	86
After-Care	103	183	286
	128	244	372
Cases referred to the Department in which no statutory action was taken	16	55	71

Total number of visits made in connection with duties under Section 51, National Health Service Act, 1946. 2,514

Of 183 patients admitted to Rochford Hospital (Section 20 - "3 day orders"), Section 21 (Justice's temporary removal orders and Justice's "14 day orders") and direct without order, 23 were aged 70-75 years, 36 were aged 75-80 and 27 were over 80 years of age. The following table shows how they were dealt with.

In hospital on 31.12.54	22	
To Runwell Hospital as Certified Patients ...		38
To Runwell Hospital as Temporary Patients ...		1
To Runwell Hospital as Voluntary Patients ...		11
To Connaught House (Part III Accommodation) ...		6
To General Wards		9
Died in Rochford General Hospital		45
To relatives		76
Still in hospital 31.12.55		19
		205

The recurring aspect of mental illness is well shown by the following table concerning admissions to Runwell Hospital.

Previous admissions								
	0 - 182	(66)*	6 - 2	19 - 1
	1 - 72	(21)*	7 - 3	20 - 1
	2 - 36	(4)*	8 - 1	24 - 1
	3 - 14	(2)*	11 - 1	25 - 1
	4 - 9	(1)*	15 - 1	
	5 - 8	(1)*	18 - 1	

* The figures in brackets show the number of direct voluntary admissions (Mental Treatment Act, 1930 Section 1).

In addition, 24 patients were re-classified on the expiry of urgency orders.

Sources of referral	*Method of Disposal To*		*After-Care*	*Pre-Care*	*No Action*	*Total*
	Runwell	*Rochford*				
Doctors	98	103	30	42	36	309
Relatives, friends ...	16	17	67	17	10	127
Psychiatric Services (including Psychiatric Out-Patient Clinic)	142	14	47	10	7	220
Police	8	25	3	4	7	47
Southend General Hospital	15	19	1	2	2	39
Personal Application...	3	5	129	4	-	141
Transfers from Rochford G.H.	50	-	-	-	-	50
Reclassifications ...	24	-	-	-	-	24
Other sources ...	2	-	9	7	9	27
Total	358	183	286	86	71	984

Disposal of patients not requiring statutory action	*New Patients*	*Former Patients*
To Psychiatric Out-Patient Clinic	23	59
Referred re Part III Accommodation	12	9
For follow-up by D.A.Os.	15	4
To General Hospitals	4	-
To Superintendent of Home Nursing	6	-
To Home Help Organiser	9	3
To Private Residential Accommodation	15	10
To Mental After-Care Homes	1	-
To Employment	1	14
Total	86	99

	Male	*Female*	*Total*
N.A.A. 1948 Sections 48 and 50 (Protection of Property)	15	67	82

No. of visits ... 187

Supervision of Male Mental Defectives: Statutory-18 Licence - 2
No. of visits ... 166 Voluntary-12 Guardianship - 1
No.of visits ... 150

Total No. of visits 2,851

Patients admitted to Runwell and Rochford Hospitals, 1955.

	MALE																FEMALE															
	Under 16	16/20	21/25	26/30	31/35	36/40	41/45	46/50	51/55	56/60	61/65	66/70	71/75	76/80	over 80	Total	Under 16	16/20	21/25	26/30	31/35	36/40	41/45	46/50	51/55	56/60	61/65	66/70	71/75	76/80	over 80	Total
Runwell Certified Sec. 16 L. A. 1890	-	-	3	5	2	2	2	3	2	3	2	-	4	1	1	30	-	4	2	6	6	2	3	9	7	1	10	4	4	6	5	69
*Urgency Sec. 11 L. A. 1890	-	-	-	2	-	-	-	1	-	-	-	-	-	-	-	3	-	1	1	1	3	1	-	5	3	1	4	2	3	-	1	26
Temporary Sec 5 M. T. A. 1930	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	1	1	-	-	-	-	-	-	-	2	2	-	-	-	6
Voluntary Sec 1 M. T. A. 1930	-	-	3	6	4	2	3	1	11	5	2	4	2	2	1	46	-	-	2	6	5	8	7	8	7	9	7	8	11	3	1	82
Rochford Hospital Sec. 20 L. A. 1890	-	3	1	5	3	4	2	5	5	8	3	2	10	8	13	72	-	-	3	4	-	4	3	3	6	5	3	6	7	14	9	67
Sec. 21(1) L. A. 1890	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sec. 21(2) L. A. 1890	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1	-	-	1	1	-	5
Informal admissions to Rochford	-	-	-	-	2	-	-	2	2	1	1	1	4	9	5	27	-	-	-	-	-	-	1	-	1	-	1	4	1	3	-	11
TOTAL	-	3	7	18	11	8	7	12	21	17	8	7	20	21	20	180	-	6	9	17	15	15	14	26	24	17	27	26	27	27	16	266
Direct Voluntary (not requiring action by Dept.)	-	1	6	5	7	2	2	4	10	6	4	4	-	-	-	51	-	-	3	5	7	7	5	2	3	-	3	4	4	1	-	44
TOTAL	-	4	13	23	18	10	9	16	31	23	12	11	20	21	20	231	-	6	12	22	22	22	19	28	27	17	30	30	31	28	16	310

* NOTE: An urgency order (Sec. 11) is only operative for 7 days, and patients admitted pursuant to Sec. 11 must, therefore, be disposed of under other provisions, namely Sec. 16 or Mental Treatment Act 1930, Sec. 1. Thus while there were 268 admission procedures to Runwell Hospital undertaken by the department, only 234 individuals were involved.

MENTAL DEFICIENCY

Ascertainment.

The return set out below shows that 37 cases were investigated and reported upon, but, relating as it does to a specific date, it does not reflect the work carried out for patients who moved into the town after having been ascertained in other areas or those who died during the year.

	Under Age 16		Aged 16 & Over	
	M	F	M	F
1. Particulars of cases reported during 1955.				
(a) Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with". ...				
Number in which action taken on reports by:-				
1) Local Education Authorities on children:				
(i) While at school or liable to attend school	3	3	-	-
(ii) On leaving special schools ...	-	-	1	2
(iii) On leaving ordinary schools...	-	-	-	-
2) Police or by Courts ...	-	-	-	-
3) Other sources	1	3	-	2
(b) Cases reported who were found to be defectives but were not, at 31.12.55, regarded as "subject to be dealt with" on any ground	5	9	2	3
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st Dec., 1955, and are thus excluded from (a) or (b) ...	1	-	1	1
TOTAL	10	15	4	8
2. Disposal of cases reported during 1955.				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number				
(i) Placed under Statutory Supervision	3	5	1	4
(ii) Placed under Guardianship ...	-	-	-	-
(iii) Taken to "Places of Safety"...	-	-	-	-
(iv) Admitted to Hospitals ...	1	1	-	-
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number				
(i) Placed under Voluntary Supervision	5	9	2	3
(ii) Action unnecessary ...	-	-	-	-
TOTAL	9	15	3	7

Short-Term Care of Mental Defectives.
Ministry of Health Circular 5/52.

During the year eight applications for short-term care were received, one in respect of a patient whose mother required to enter hospital and the others to afford parents a well earned rest. Three patients were admitted to South Ockendon Hospital and one to Leytonstone House Hospital under arrangements made by the Regional Hospital Board as they were all difficult individuals considered unsuitable for placement in private homes away from their own families The fifth, a boy under twelve, was sent to a short stay home administered by the National Association for Mental Health, the authority paying for his maintenance there and recovering part of the cost from the parents. Two successive applications were made on behalf of one child whose complicated disabilities prevented a suitable placement being made before the end of the year. The remaining application, made by a grandparent, not being the person having charge of the defective, was not regarded as eligible for consideration within the terms of the Circular.

	Under Age 16		Aged 16 & Over	
	M	F	M	F
3. *Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1955 and admitted to*				
(a) National Health Service Hospitals...	1	-	1	2
(b) Elsewhere	1	-	-	-
TOTAL	2	-	1	2

Total cases on the Register.

During the year the total of cases on the register increased by 15, five in Institutions and ten in the community. The number maintained in Connaught House and "other residential accommodation" has been reduced from nine to six by three admissions to South Ockendon Institution. Three male patients still remain in Part III accommodation; the name of one is on the waiting list for South Ockendon and the other two, who are both over sixty years of age, and inoffensive, are not at present regarded as suitable for transfer to a mental deficiency hospital. One child is in Roffey House School (Approved Home) pending a vacancy in South Ockendon Institution. Of the two female patients remaining in Part III accommodation, one, an imbecile, is already over sixty years of age and the other is suitably accommodated in the Jewish Home for Incurables where she now is. There were no mental defectives in Rochford Hospital at the end of the year.

	Under age 16		Aged 16 & Over	
	M	F	M	F
4. Total cases on Authority's Register at 31.12.55.				
(i)Under Statutory Supervision				
(a) Living in the Community ...	10	12	59	65
(b) In Residential Accommodation ...	1	-	3	2
(ii)Under Guardianship				
(a) Within the Borough	-	-	1	-
(b) Outside the Borough	-	-	2	1
(iii)In "Places of Safety"	-	-	1	-
(iv)In Hospitals				
(a) Institutions (under Order) ...	10	6	65	71
(b) On licence from Institutions ...	-	-	11	-
(c) In approved Homes	-	-	4	2
(v)Under Voluntary Supervision ...	9	15	33	47
TOTAL	30	33	179	188

Institutional Care.

In spite of the fact that a total of 11 patients was admitted to South Ockendon Institution during the year, the number awaiting institutional care on the 31st December, 1955 stood at 15, one more than at January 1st. Of the 11 patients admitted to institutional care, only 5 came from an established waiting list - 3 low-grade males under 16 and 2 elderly females from Connaught House The other six patients were fresh additions to the active waiting list Of these, one low-grade boy and one low-grade girl, both very urgent cases, became our responsibility when their parents moved into the town from Essex. One male patient over the age of 16 came before the Court and was sent to South Ockendon under Section 8 of the Mental Deficiency Act, 1913. One man and one woman required institutional care owing to the death of relatives, and another woman became impossible to manage at home owing to mental deterioration.

In addition, eight other names were added to the waiting list during the year - two girls, four men and two women; five of them were classed as "urgent". Of the nine patients remaining on the waiting list from the previous year, one died and one name was removed from the list. Thus the total number awaiting institutional care at the end of the year stood at 15: seven old and eight new names.

In addition to the patients actually awaiting institutional care, there are from time to time others whose particulars have been furnished to the hospital authority in anticipation of some sudden need which might arise, either from their own condition or the infirmity of those who care for them. Two of the patients admitted to South Ockendon during the year came from this category and three were among those whose names had to be transferred to the active waiting list.

5. *Distribution of Patients receiving Institutional Care of all kinds as on 31.12.55, (excluding those on licence).*

	Under Age 16		Aged 16 & Over	
	M	F	M	F
Royal Eastern Counties Hospital	-	-	37	24
South Ockendon Institution	10	6	16	36
Royal Earlswood Institution... ...	-	-	4	2
Leybourne Grange Colony	-	-	1	-
Hortham Hospital	-	-	1	2
Princess Christian's Farm Colony ...	-	-	1	2
Stretton Hall	-	-	1	-
St. Mary's, Alton	-	-	-	1
Harmston Hall Colony	-	-	1	-
St. Theresa's	-	-	-	2
Royal Western Counties Institution ...	-	-	1	-
St. Raphael's	-	-	1	-
Little Plumstead Hall	-	-	-	1
Darenth Park Hospital	-	-	-	1
Leavesden Hospital	-	-	1	-
Field Place Approved Home	-	-	-	1
Larkfield Hall Approved Home ...	-	-	-	1
Hamilton Lodge Approved Home ...	-	-	4	-
Connaught House	-	-	2	1
Other Residential Accommodation ...	1	-	1	1
	11	6	72	75
Total number of Defectives under Community Care on 31.12.55	19	27	107	113
TOTALS	30	33	179	188

	Under Age 16		Aged 16 & Over	
	M	F	M	F
6. *Classification of Defectives in the Community on 31.12.55. (according to need at that date).*				
(a) Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority				
1) In urgent need of hospital care:-				
(i) "Cot and Chair" cases	-	1	-	-
(ii) Ambulant low-grade cases ...	-	1	-	-
(iii) Medium grade cases	1	-	1	1
(iv) High grade cases	-	-	1	-
Total urgent cases	1	2	2	1
2) Not in urgent need of hospital care:-				
(i) "Cot and chair" cases	-	-	-	-
(ii) Ambulant low-grade cases ...	2	-	1	1
(iii) Medium grade cases	1	-	2	-
(iv) High grade cases	-	-	1	1
Total non-urgent cases	3	-	4	2
TOTAL	4	2	6	3
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:-				
(i) Occupation centre	18	17	21	23
(ii) Industrial Centre	-	-	9	18
(iii) Home training	-	1	-	1
TOTAL	18	18	30	42
(c) Of the cases included in 6(b), number receiving training on 31.12.55:-				
(i) In occupation centre	17	16	2	2
(ii) In industrial centre	-	-	-	-
(iii) At home	-	1	-	-
TOTAL	17	17	2	2

Training.

It will be seen that the number of children attending the Day Occupation Centre has grown during the year, and that in the under 16 group only one boy and one girl considered suitable to attend were not doing so. The attendance did in fact include one additional boy who could not be included in the statistics as he had not been formally ascertained. The highest number on the register was 40 in October, 1955. During the year there were 17 new admissions and 7 withdrawals. Two boys were transferred to St. Christopher's School, and a girl was placed in an independent boarding school by her parents. A boy and a woman were admitted

to South Ockendon Institution. A girl failed to attend and subsequently left the district, and a woman aged 31 attended for a short time but was later withdrawn by her parents.

The Occupation Centre was described in some detail in last year's report. Its value became increasingly evident and the demand for admission soon exceeded the 30 places for which provision was originally made. In January the Council approved a proposal to increase the number of places to 45 and in consequence to appoint an additional assistant teacher of the mentally handicapped. Owing to the shortage of trained workers in the field it was decided to appoint a trainee, with the intention that the person appointed should, after gaining sufficient experience, be assisted to take the full time course of training organised by the National Association for Mental Health. Miss S.I.Heywood was appointed on the 28th April, and before the end of the year the number of patients in attendance at the Centre had risen to 40.

The premises occupied by the Occupation Centre are far from ideal for its purpose and, despite our best endeavours, the heating is barely adequate and very expensive to maintain. The centre was visited by an inspector of the Board of Control in June who commented favourably upon the discipline which the supervisor and her staff maintained and on the enthusiasm displayed by the children for their physical activities. A display of music and movement by the junior children earned a special mention.

The organisation is noted as being such that the work is carried out smoothly and new children settle down well and happily, and the mid-day meal was described as hot and nicely served.

Your Committee was very pleased to convey this favourable comment to the Education Committee whose school meals service provides the mid-day dinner from a school kitchen.

Occupation for Adults.

It will be observed from the statistics that there is a number of older patients of both sexes who are incapable of earning their living, for whom no form of training or occupation is at present provided. Although the numbers of men and women patients in this category are faily equal, the need is most keenly felt in the case of the men, some of whom suffer acutely from boredom which they are unable to understand and which is apt to lead to wandering or some form of aggressive behaviour.

7. *Work for Other Authorities*	*Under Age 16*		*Aged 16 & Over*	
	M	*F*	*M*	*F*
Guardianship Cases supervised on behalf of other authorities during the year:	-	-	4	-
Licence Cases from other Authorities	-	-	1	2

8. Number of Home Visits paid by the Mental Deficiency Officer during the year:	1,363
Interviews in office ...	66
Journeys with patients to or from homes or institutions	16

INFECTIOUS DISEASES.

The chief incidents of the year were an epidemic of measles and the third highest total of poliomyelitis notifications recorded in the Borough The administrative arrangements described in previous reports continued without alteration, and once more I have to acknowledge the very substantial benefits which derive from the association of my Deputy with the clinical work of the infectious diseases hospital at Westcliff. The following table gives particulars of notifications received during the year after correction for final diagnosis.

Scarlet Fever	253
Whooping Cough	527
Poliomyelitis	39
Measles	3,056
Diphtheria	-
Pneumonia	168
Dysentery	12
Polio-Encephalitis	-
Typhoid	-
Paratyphoid "B"	1
Erysipelas	31
Meningococcal Infection	3
Food Poisoning	39
Puerperal Pyrexia	11
Ophthalmia Neonatorum	-
Infective Hepatitis	81
Puerperal Fever	-
Malaria	2
	4,223

SCARLET FEVER.

There were 253 notifications of this disease - 98 less than 1954, - nearly half, namely 116 occurred in the last quarter of the year. Scarlet Fever has, for some years, presented a difficult administrative problem because the disease has generally been mild and the public is increasingly disinclined to carry out effective home isolation. The housing and the domestic situation of many families render this difficult, but some of our colleagues in general practice could do more to encourage it.

Multiple cases occurred in 27 families, in two of which, five individuals were affected. The adults in these families did not always go scatheless.

It is increasingly appreciated that the clinical entity we call scarlet fever is but one manifestation of streptococcal infection and there are those who justly argue that it is somewhat illogical to press for the isolation of patients who suffer from it and ignore conditions like acute tonsillitis.

One cannot turn back the clock, so in our present situation it would appear that we should do more to educate our public about the desirability of some measure of home isolation in a wider variety of conditions. Controlled observations on the use of penicillin and its effect in shortening the period during which the streptococcus is harboured would be a useful guide to us. Nevertheless one has the impression that the partial measures for which we can still secure acceptance are useful in reducing the velocity of infection Experience of the management of school outbreaks confirms the value of clinical examination of children who have recovered from scarlet fever; in particular the tell-tale sore nose is significant.

WHOOPING COUGH.

Notifications totalled 527, being 67 fewer than in the previous year. The weekly average during the first and second quarters was 10 and 12 respectively. Thereafter there was a further rise, 183 notifications being received between June 25th and September 2nd. In the fourth quarter there were only 34 notifications.

POLIOMYELITIS.

This disease reappeared in August and continued until the end of the year. There were 39 confirmed cases, the distribution being as follows:-

Age	*Paralytic*		*Non-paralytic*	
	M	*F*	*M*	*F*
0 - 1	-	1	-	-
1 - 2	1	1	-	-
3 - 4	-	1	-	2
5 - 9	3	3	8	4
10 -14	-	2	2	1
15 -24	-	-	1	-
Over 25	1	3	3	2
	5	11	14	9

Once more the 15 - 24 age group appeared relatively immune, which accords with our experience in recent years. The sex distribution was about equal, but paralysis affected female patients twice as frequently as males. No conslusions can be drawn from these facts, and the numbers are in any case very small.

A feature of the disease this year was the high proportion of bulbar and respiratory cases; 2 patients from Southend and 3 from the adjoining area of the County with complications of this type were transferred from Westcliff Hospital to the special poliomyelitis unit established by the Regional Hospital Board at Rush Green Hospital.

The Eastwood area was the first affected, our impression being that the importation was associated with cases in the County area adjoining our western boundary. Other geographical groupings were 4 cases astride the western end of London Road, Leigh, 3 cases in the Bentalls Estate and 7 diffusely spread to the west and south west of this area. There were also 7 cases astride Hamstel Road and 3 in a very small area between York Road, Old Southend Road and Seaway. This is the kind of grouping which has been noted since 1947 although there was no real evidence of any centres of infection.

In addition to the confirmed cases a substantial number of patients in whom poliomyelitis was suspected was seen in consultation with general practitioners. Hitherto the number of suspected cases admitted to hospital and not subsequently confirmed as poliomyelitis had been very small. This year there was a larger number in whom clinical differentiation was impossible but either spinal puncture revealed a normal cerebrospinal fluid or the subsequent course of the disease indicated some other central nervous infection. Most of the negative cases were subsequently regarded as upper respiratory infections presenting with nuchal rigidity.

The development of facilities for virological studies should in future years give us information about the prevalent virus - types when poliomyelitis appears, and enable a more accurate diagnosis to be made retrospectively in cases of so-called non-paralytic disease. In the present series of cases, virus-types 1 and 3 were evidently responsible, since significant antibody titres were reported from the following patients:-

D.S.	male, aged 28.	Paralytic.	Onset 28.8.55.	Type 1.
P.C.	female, ,, 11.	Paralytic.	Onset 4.10.55.	Type 3.
I.C.	male, ,, 5.	Non-paralytic.	Onset 5.10.55.	Type 1.

PNEUMONIA.

There were 168 notifications, 33 more than in 1955. The age and sex incidence, where these are available, are set out below. January, February and March, were in descending order of magnitude the months of highest incidence.

Males

0-1 2, 1-5 8, 5-15 17, 15-25 3, 25-35 2, 35-45 8, 45-55 23, 55-65 13, 65+ 24.

Females

0-1 2, 1-5 6, 5-15 8, 15-25 3, 25-35 5, 35-45 4, 45-55 8, 55-65 10, 65+ 20.

PARATYPHOID.

The single case reported was an infection in a man aged 21, who contracted the disease while on holiday in another area.

FOOD POISONING.

The following details in the form in which they are returned to the Ministry of Health, give most of the important facts. It will be seen that nearly two thirds of the cases occurred in the third quarter of the year, and a similar proportion were caused by seven outbreaks in only two of which (8 cases) was the responsible agent indentified. The largest outbreak involved a number of families billeted in a boarding house by the Army Authorities. Of 16 people living there 9 were affected, symptoms developing between the evening of October 26th and the morning of the 27th. Nearly all those affected complained of abdominal pain and nausea which in some cases was followed by vomiting and diarrhoea, while later still some patients suffered from frontal headache and anorexia. All recovered within forty-eight hours of onset. Bacteriological examinations revealed no salmonellae or shigellae.

	1st Quarter	*2nd Quarter*	*3rd Quarter*	*4th Quarter*	*Total*
No. of "corrected" notifications	1	3	24	11	39

Outbreaks due to identified agents (Salmonella organisms) = 2 Total cases = 8

Outbreaks of undiscovered cause = 5 Total cases = 18

Single cases due to identified agents: Salmonella typhimurium: 6
Salmonella amager 1

Single cases of undiscovered cause = 6

MEASLES.

During the year 3056 notifications of measles were received, 2544 during the 17 weeks between February 12th and June 4th. The peak incidence was between February 28th and March 26th but a secondary peak wave occurred between April 30th and June 4th. From the end of August onwards the disease practically disappeared from the county borough.

The disease was generally mild, only 32 patients requiring admission to hospital, at least 8 of these being children from problem families who were admitted on social rather than medical grounds. Pneumonia complicating measles occasioned 7 admissions, and encephalitis 2 admissions. The age groups of patients admitted were as follows -

Age	*Measles*	*Measles and Pneumonia*	*Measles and Encephalitis*	*Total*
0 - 1	3	-	-	3
1 - 5	15	6	1	22
5 -15	5	1	1	7
	23	7	2	32

INFECTIVE HEPATITIS.

Notifications rose from 43 to 81 and the age distribution showed a marked shift to the right, only one-fifth of the patients being between 5 and 10, and one-third between 10 and 15. Nearly half were over this age.

Reference has previously been made to the geographical distribution of this disease; last year centres could be be identified in Shoeburyness, Southchurch and Eastwood respectively.

This year the brunt fell on the Southchurch area from which 36 cases were notified, including 5 instances of 2 cases occurring in the same family. The adjoining area of Thorpe Bay, which has a much smaller population than Southchurch, returned 7 cases including 3 in one family, while in the last 8 weeks of the year 11 notifications were received from Shoebury, to be followed by another 23 from that area during the first 16 weeks of the new year. The number of cases notified in each four week period is shown below, as are the age groups into which the notifications fell.

Cases (four week periods)

2 9 6 12 10 9 3 7 3 3 4 5 8 = 81

Age Groups

0-	5-	10-	15+	
-	16	26	39	= 81
-	19.7%	32.1%	48.2%	

TUBERCULOSIS.

This section is based on statistics and other material from Lancaster House Chest Clinic. As always, one acknowledges gratefully and with pleasure the assistance which the Department receives from Dr. E. G. Sita Lumsden, consultant physician for tuberculosis.

Notification.

There were 138 notifications of pulmonary tuberculosis compared with 159 in the previous year, but 68, nearly half of them, were inward transfers, so that as usual nearly half the tuberculosis notified in Southend-on-Sea was imported. The incidence of native tuberculosis was therefore 45 per 100,000 and only 4 County Boroughs return a lower rate viz. Dewsbury (36) Bury (38) Great Yarmouth (41) and York (42). A low rate could, admittedly, arise from inadequate ascertainment, but diagnosis in Southend must be regarded as both prompt and complete. It is not likely that the age and sex constitution of our population reduces its liability to tuberculosis for we have a disproportionate number of men over 45 years of age, a group which furnishes just over 40% of the male tuberculous notified in England and Wales. No matter how critically one examines our statist one comes to the conclusion that this low notification rate which continues to fall is an accurate reflection of the true state of affairs.

TABLE A.

NOTIFICATIONS AND DEATHS

Age Group	Males								Females							
	Respiratory				Non-Respiratory				Respiratory				Non-Respiratory			
	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths	Primary Notifications	Inward Transfers	Total	Deaths
0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
1	1	–	1	–	1	–	1	–	3	–	3	–	–	–	–	–
5	3	–	3	–	–	–	–	–	2	2	4	–	–	–	–	–
15	4	8	12	–	–	–	–	–	11	6	17	3	1	1	2	–
25	7	5	12	1	3	–	3	–	10	17	27	–	–	2	2	–
35	2	8	10	1	1	–	1	–	4	5	9	–	–	–	–	–
45	* 4	5	9	2	1	–	1	–	4	3	7	–	–	–	–	–
55	8	5	13	1	–	–	–	–	2	2	4	3	–	–	–	–
65	* 3	2	5	1	–	–	–	–	–	–	–	–	* 3	–	3	1
75 and over	1	–	1	1	1	–	1	–	1	–	1	1	–	–	–	1
	33	33	66	7	7	–	7	1	37	35	72	7	4	3	7	2

* Includes 1 ascertained from Registrar General's death returns.

TABLE B.

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS

Classified According to Age Groups

Age Group	1938		1949		1950		1951		1952		1953		1954		1955	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0	–	–	1	–	–	2	–	1	–	–	–	–	–	–	–	–
1	–	–	4	12	4	11	4	2	3	2	2	5	–	–	1	3
5	1	1	6	7	16	6	4	5	2	5	2	6	7	2	3	4
15	11	21	21	33	20	39	18	33	19	23	23	18	11	25	12	17
25	12	27	23	24	30	25	27	20	21	20	17	20	21	18	12	27
35	17	11	15	18	15	7	16	10	25	9	11	11	11	13	10	9
45	15	9	11	4	15	6	16	6	15	7	14	4	11	2	8	7
55	8	3	17	–	16	4	11	–	14	3	9	3	8	5	13	4
65	2	1	10	2	15	4	13	10	7	3	9	5	7	1	5	1
	66	73	108	100	133	102	109	87	106	72	87	72	76	66	64	72
Total	139		208		235		196		178		159		142		136	

TABLE C.

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS RECEIVED IN EACH AGE GROUP

Age Group	MALES								FEMALES							
	1938	1949	1950	1951	1952	1953	1954	1955	1938	1949	1950	1951	1952	1953	1954	195
0	–	0.9	1.5	–	–	–	–	–	–	–	–	–	–	–	–	
1	–	3.7	3.0	3.6	2.8	2.3	–	1.6	–	12.0	10.8	1.2	2.8	6.9	–	4.
5	1.5	5.6	12.0	3.6	1.9	2.3	9.2	4.8	1.4	7.0	5.9	2.3	6.9	8.3	3.0	5.
15	16.7	19.4	15.0	16.5	18.0	26.4	14.5	18.7	28.8	33.0	38.2	5.8	32.0	25.0	37.9	23.
25	18.2	21.3	22.6	24.8	19.8	19.5	27.6	18.7	37.0	24.0	24.5	37.8	27.9	27.8	27.3	37.
35	25.8	13.9	11.3	14.7	23.6	12.6	14.5	15.6	15.0	18.0	6.9	23.0	12.5	15.3	19.7	12.
45	22.7	10.2	11.3	14.7	14.1	16.1	14.5	12.5	12.3	4.0	5.9	11.5	9.7	5.6	3.0	9.
55	12.1	15.7	12.0	10.2	13.2	10.4	10.5	20.3	4.1	–	3.9	6.9	4.1	4.2	7.6	5.
65	3.0	9.3	11.3	11.9	6.6	10.4	9.2	7.8	1.4	2.0	3.9	11.5	4.1	6.9	1.5	1.

The number of cases of tuberculosis remaining on the notification regis on December 31st, was as follows.-

TABLE D.

	Respiratory				Non-Respiratory				Total				Gra Tot
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1955	337	347	12	18	17	46	11	8	404	393	23	26	8
1954	407	345	16	20	15	43	11	9	422	388	27	29	8
1953	449	371	19	30	18	39	14	10	467	410	33	40	9
1952	458	394	28	27	19	31	13	8	477	425	41	35	9
1951	435	400	29	35	20	29	11	8	455	429	40	43	9
1950	460	401	36	37	19	26	13	8	479	427	49	45	1,0
1949	469	397	44	56	32	32	42	24	501	429	86	80	1,0
1948	446	367	37	41	37	28	40	30	483	395	77	71	1,0
1947	414	349	25	34	34	22	35	27	448	371	60	61	9

Note · On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 respiratory cases (236 males, 235 females) and 79 non-respiratory cases (40 males and 39 females).

Mortality.

The total of deaths from respiratory tuberculosis was the same as in 1954 namely 14, while the non-respiratory deaths increased from 1 to 3.

It may be profitable to examine in some detail the history of those who succumbed to tuberculosis during the year.

Males.

Aged 32. died less than five weeks after ceasing work from tuberculous broncho-pneumonia.

Aged 37. died five and a half years after notification and four and a half years after taking up residence in Southend. The prime cause of death was cor pulmonale.

Aged 46. A merchant seaman who never lived in Southend but whose death was nevertheless assigned to this area.

Aged 54. Admitted to hospital in a hopeless condition, cause of death bilateral disease.

Aged 62. Notified 15 years. Resident in Southend three years. Prime cause of death cor pulmonale.

Aged 67. Disease of 30 years' standing. Terminally suffered from congestive heart failure.

Aged 76. This patient suffered concurrently from pulmonary tuberculosis and carcinoma of the left upper lobe.

Females.

Aged 21. Disease of four years' standing. Cause of death spontaneous pneumothorax supervening on chronic phthisis.

Aged 24. Duration of disease six years. Resident in Southend two years. Died following thoracoplasty.

Aged 24. Disease for 10 years complicated by diabetes.

Aged 55. Notified 31 years ago. Cause of death hypertensive cardiac failure.

Aged 57. First notified 18 years ago, lost sight of, re-notified three and a half years ago. Cause of death myocarditis consequent upon tuberculous bronchopneumonia.

Aged 63. Notified 12 years ago.

Aged 76. Died from haemoptysis, pulmonary tuberculosis and bronchiectasis.

It will be observed that few of these deaths can be regarded as a defeat of the facilities for the treatment of pulmonary tuberculosis, either because assistance was not sought in time or because other important clinical conditions supervened.

As for the deaths from non-pulmonary causes, the same is largely true. These were:

Male.

Aged 65. Died from uraemia, the right kidney having been removed for pyelo-nephritis and there being a tuberculous infection of the left kidney.

Female.

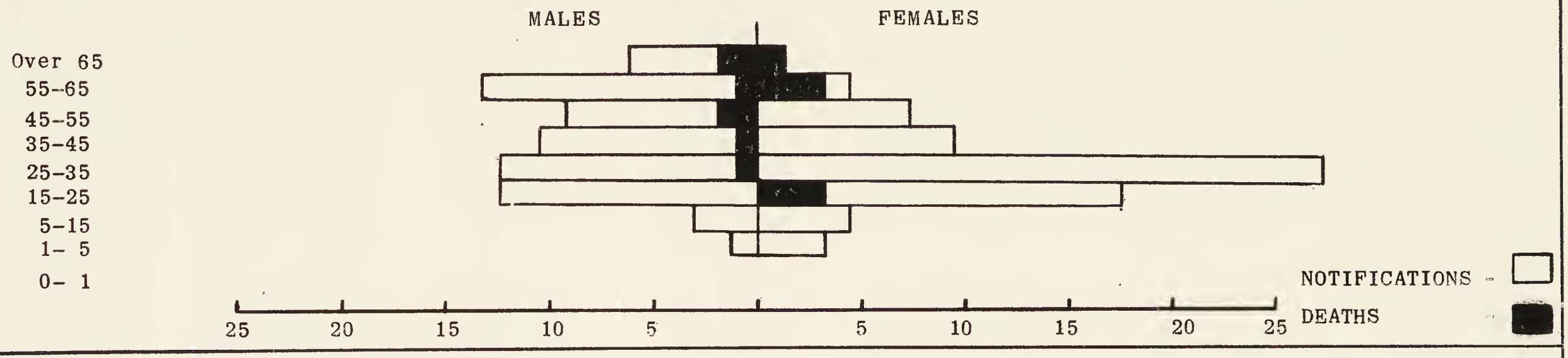
Aged 78. Died from haemorrhage from tuberculous cervical sinus in which malignancy supervened.

It follows therefore that while present methods of death registration remain unaltered, the mortality rate in this town is not likely to fall very much further, and without a scrutiny of the circumstances of the individual deaths a rather misleading conclusion is likely to be reached about the toll which is now being exacted by this disease.

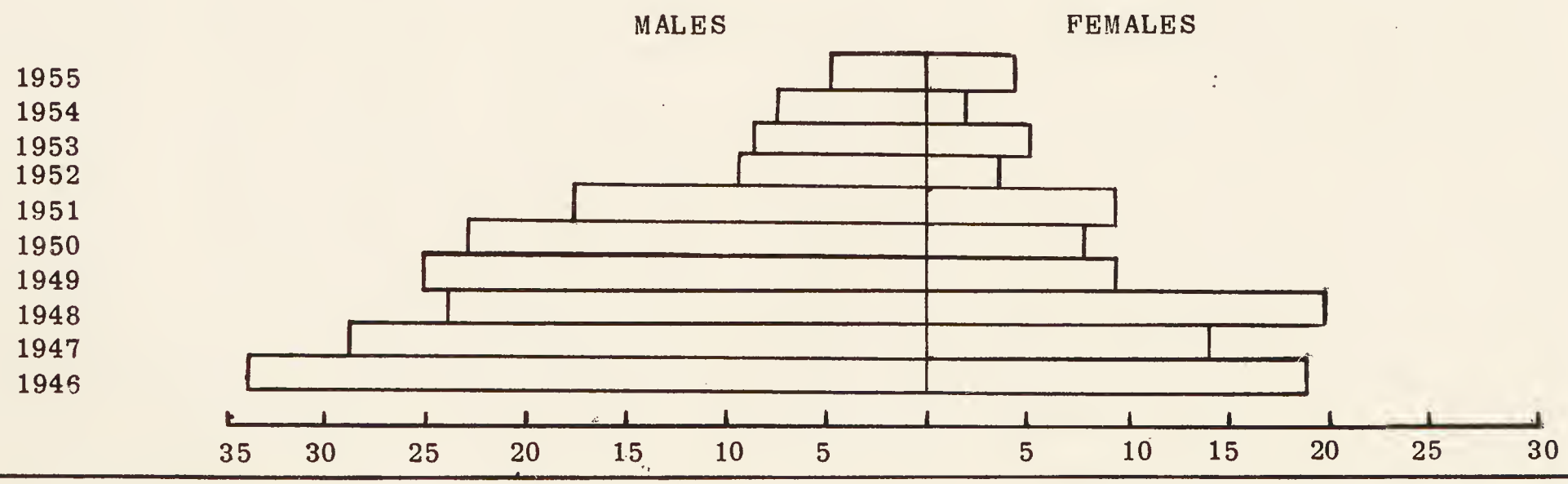
WORK OF THE CHEST CLINIC 1955.

	Respiratory				Non-respiratory				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A. 1. No. of notified cases on clinic register 1.1.55 ...	407	345	16	20	15	43	11	9	422	388	27	29	866
2. Transfers from clinics outside area during year ...	33	33	-	2	-	3	-	-	33	36	-	2	71
3. Children transferred to adult register during year ...	-	2	-	-	-	1	-	-	-	3	-	-	3
4. Cases lost sight of which returned to clinic during the year ...	1	-	-	-	-	-	-	-	1	-	-	-	1
B. No. of NEW CASES diagnosed during year:													
1. T.B. minus ...	5	8	4	5	6	4	1	-	11	12	5	5	33
2. T.B. plus ...	24	24	-	-	-	-	-	-	24	24	-	-	48
TOTALS OF A AND B ...	470	412	20	27	21	51	12	9	491	463	32	36	1,022
C. No of cases in A & B written off clinic registers during the year:													
1. Recovered ...	45	41	7	4	3	5	1	-	48	46	8	4	106
2. Died (all causes) ...	16	7	-	-	1	2	-	-	17	9	-	-	26
3. Removed to other clinic areas ...	18	16	1	3	-	-	-	-	18	16	1	3	38
4. Children transferred to adult register ...	-	-	-	2	-	-	-	1	-	-	-	3	3
5. Other reasons ...	4	1	-	-	-	-	-	-	4	1	-	-	5
TOTALS OF C ...	83	65	8	9	4	7	1	1	87	72	9	10	178
D. No. of notified cases on clinic register 31.12.55 ...	387	347	12	18	17	44	11	8	404	391	23	26	844
No. of above known to have had positive sputum within preceding six months..									49	21	-	-	70
E. (a) No. of persons (excluding transfers) first examined during the year ...									765	647	191	144	1,747
(b) No. of those in (a) who attended as CONTACTS and who were:													
Diagnosed as tuberculous ...									-	2	1	4	7
Not tuberculous ...									131	120	81	69	401
Not determined (as at 31.12.55) ...									-	-	-	-	-

RESPIRATORY TUBERCULOSIS
TOTAL NOTIFICATIONS AND DEATHS BY AGE-GROUPS



ANNUAL DEATH RATES PER 100,000



Work of the Chest Clinic.

The proportion of those patients newly diagnosed during the year in whom the presence of the tubercle bacillus was not demonstrated was low, being rather less than one in five. Investigation techniques have steadily improved and now embrace the culture of laryngeal swabs and gastric lavage.

One must therefore be careful in making comparisions with the past, but the possibility that 57 of our patients were potentially dangerous to others must be admitted. As tuberculosis becomes less prevalent, it is more and more necessary, as indeed it is feasible, to identify individual foci of infection, and by treatment to make them non-infectious as soon as we can.

Here the best interests of the individual and the community are completely identified.

If only all the elderly people in the population who suffer from chronic chest conditions such as bronchitis could be examined radiologically and all those who, following an acute illness, exhibited chest signs which lingered more than a few weeks could be similarly examined, we should be well on the road to close down the centres of infection which today maintain this disease among our people.

As the table of the work of the Chest Clinic shows, only 5 patients out of a total of 866 whose names were on the register were lost sight of during the year, and no fewer than 408 persons were examined as contacts, of whom two adults and five children were found to be infected.

Mass Miniature Radiography.

The M.M.R. Unit No. 60 based on Broomfield Hospital visited Southend only to examine National Service recruits and personnel at the Ministry of Supply Experimental Station, Shoeburyness. At the latter, 543 males and 82 females were examined.

VENEREAL DISEASES.

Once more, through the courtesy of Dr. H.D. Crosswell, Director of the Venereal Diseases Treatment Centre at Westcliff Hospital, one is able to report on this group of diseases. During the year only one patient required treatment for primary syphilis, and two for the disease in its secondary form. For the first time in the history of the Centre, no patient required treatment for congenital syphilis.

The decline in prostitution and the brilliant achievements of the chemist to provide the clinician with new and more effective drugs, are no doubt the chief reasons for the conquest of these diseases, but the devoted efforts of our venerealogist and the public health service generally are equally deserving of recognition. Even a few years ago the most sanguine of us would not have dared hope that this state of affairs would be brought about.

VENEREAL DISEASES

YEAR ENDING 31.12.55

Number of Patients	Syphilis		Gonorrhoea		Conditions other than venereal		Total	
	M	F	M	F	M	F	M	F
Under treatment on 1.1.55	22	25	18	4	33	15	73	44
Returned after cessation of attendance in previous years ...	-	3	-	-	-	-	-	3
Dealt with for first time, suffering from								
(a) Syphilis primary ...	1	-	-	-	-	-	1	-
(b) " secondary ...	1	1	-	-	-	-	1	1
(c) " latent in 1st year of infection ...	-	-	-	-	-	-	-	-
(d) Syphilis cardio-vascular ...	-	-	-	-	-	-	-	-
(e) " of nervous system ...	1	-	-	-	-	-	1	-
(f) " all other late or latent stages ...	-	-	-	-	-	-	-	-
(g) Syphilis, congenital (under 1 year) ...	-	-	-	-	-	-	-	-
(h) Syphilis, congenital...	-	-	-	-	-	-	-	-
(i) Gonorrhoea ...	-	-	23	12	-	-	23	12
(j) Chancroid ...	-	-	-	-	-	-	-	-
(k) Lymphogranuloma inguinale ...	-	-	-	-	-	-	-	-
(l) Granuloma venereum ...	-	-	-	-	-	-	-	-
(m) Any other conditions requiring treatment...	-	-	-	-	93	46	93	46
(n) Conditions not requiring treatment...	-	-	-	-	175	78	175	78
(o) Conditions remaining undiagnosed at 31st December ...	-	-	-	-	-	-	-	-
Dealt with for first time, transferred from other centres ...	1	5	-	-	-	-	1	5
Total under treatment during 1955 ...	26	34	41	16	301	139	368	189
Discharged after completion of treatment and tests for cure ...	7	5	16	10	250	114	273	129
Ceased to attend before completion of treatment and/or observation ...	-	1	3	-	5	-	8	1
Transferred to other Centres	2	-	8	-	10	2	20	2
Died from Syphilis ...	-	-	-	-	-	-	-	-
Number under treatment on 31st December 1955 ...	17	28	14	6	36	23	67	57

Clinic attendances were: -

	Clinic Attendances		Intermediate Attendances	
	M	F	M	F
Syphilis ...	212	600	37	39
Gonorrhoea ...	170	224	1	12
Other patients...	1,039	718	2	16
	1,421	1,542	40	67

The following are the civilian totals for previous years. -

New Patients Suffering from	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	19
Syphilis	40	23	29	33	52	50	50	58	46	33	13	16	18	11	
Gonorrhoea	78	82	73	60	112	110	71	58	67	37	44	42	80	42	
Soft Chancre	-	-	-	-	-	-	-	-	-	-	1	-	1	2	
Total Attendances	3319	3345	5185	4387	4431	5840	4714	3667	5907	5952	5461	4750	4135	2959	3

CANCER.

There were 395 deaths from malignant disease, compared with 399 in the previous year. The primary sites of disease were as follows: -

	Males	Females
Skin	1	1
Eye	-	1
Lips, Cheek, Mouth, Tongue, etc. ...	4	5
Larynx, Bronchus, Lung, Mediastinum	45	7
Oesophagus	5	5
Stomach	37	28
Small Intestine	-	-
Caecum, Colon	18	29
Rectum	13	7
Gall Bladder, Bile Ducts, Liver ...	3	7
Pancreas	5	4
Kidney, Suprarenal	1	2
Bladder, Urethra	10	6
Prostate	26	-
Testis	2	-
Vulva	-	2
Vagina	-	1
Ovary	-	11
Uterus	-	12
Breast	1	41
Brain	6	8
Bone	3	3
Thyroid	2	-
Parotid	2	-
Lymph Glands	3	4
Miscellaneous or not ascertained ...	8	16
	195	200

There were 7 deaths attributed to malignant disease in persons under 35 years of age, the diagnoses being as follows:-

Male 35 years	...	Lymphadenoma
Male 8 years	...	Acute Leukaemia
Male 32 years	...	Teratoma Testis
Male 33 years	...	Cerebral Astrocytoma
Female 33 years	...	Carcinomatosis - unspecified
Female 32 years	...	Cerebral glioma
Female 33 years	...	Hodgkin's Disease

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1952 AND 1954 ALIENS ORDER, 1953.

The following Table, which is reproduced by courtesy of Bernard Collins, Esq., A.R.Ae.S., airport commandant, shows the customs movements of passengers and aircraft during this year.

	Aircraft		*Passengers*	
	In	*Out*	*In*	*Out*
January	46	45	77	131
February	39	44	25	35
March	59	63	110	139
April	186	200	651	832
May	299	259	952	1144
June	448	479	2176	2784
July	848	889	3928	7390
August	848	850	6829	5377
September	530	624	4956	2937
October	155	179	876	709
November	104	99	279	223
December	82	81	413	412
Totals	3644	3812	21272	22113

The provision of up-to-date passenger facilities - the extended terminal building and new motor-car examination unit were officially opened in October - has been followed by a growth in traffic. The hard runways at present under construction will further accelerate this growth when they are completed.

Hitherto, most of the passenger traffic has consisted of internal flights within the "excepted area" or of aircraft which have already landed at another airport within the "area" and thus are not subject to health control. Any development of long distance flights to Southend as the first port within the "excepted area" will increase the duties and responsibilities of the health control.

No special public health problems were encountered during 1955. Most of the calls for the attendance of a medical officer were on account of passengers reported by radio as requiring medical attention or ambulance transport. The information available before the aircraft lands is usually insufficient to provide assurance that the illness is of no public health significance; a medical officer of the Department has responded to all such calls. The increasing use of the airport, and in

particular of night movements of aircraft, may necessitate special arrangements in the future if continuous medical "cover" is required.

Medical inspection of aliens under the Aliens Order 1954 is ordinarily undertaken at the request of the Immigration Officer and is usually restricted to those in whom there is reason to suspect some mental or physical abnormality or who intend to stay in this country longer than six months. The majority of aliens arriving at Southend Airport are temporary holidaymakers, and it was not necessary to examine any of the 2774 aliens who landed during the year under review.

In April the Ministry of Health issued a revised code of "Instructions to Medical Inspectors" with a view to bringing the arrangements up to date in conformity with the Aliens Order 1954 and at the same time simplifying the procedure in the light of modern conditions of international travel.

LOCAL GOVERNMENT SUPERANNUATION ACTS, 1937-53 AND SICK PAY REGULATIONS.

The following Table shows the number of medical examinations carried out for the various Departments of the Corporation:-

Education	175
Candidates for Teachers' Training Colleges	52
Transport	50
Public Health	83
Borough Engineer's	101
Children's	14
Borough Treasurer's	12
Cleansing	29
Pier & Foreshore	19
Parks	15
Town Clerk's	18
Libraries	17
Airport	9
Police	15
Cemeteries	7
Architect's	17
Housing	10
Fire Brigade	30
Entertainments...	-
Justices' Clerk's	4
Fuel Overseer's	2
Weights & Measures	3
Civil Defence	2
Other Local Authorities ...	4
	688

In addition 236 Sick Pay Regulations cases were dealt with by enquiry and report without medical examination.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

A full description of the supply, which has continued to be satisfactory both in quantity and quality and is without likelihood of plumbo-solvent action, was included in the report for 1944. Save for a very few houses where shallow wells are in use all premises are supplied with piped water.

The supplies, which are chlorinated, are examined daily, the highest standards of bacterial purity being maintained.

ATMOSPHERIC POLLUTION.

Since the extended oil refinery plants at Coryton, Shell Haven and Grain Island were brought into operation, the area has, from time to time, been subjected to atmospheric pollution which has occasioned bitter complaints from many residents. Locally referred to as the "Smell", its existence has been a constant pre-occupation to the Health Committee as well as an anxiety and the occasion of much additional work to the department.

The Health Committee accepted an invitation to visit the refineries at Shell Haven and Coryton on March 17th. After this visit, the following report, which is reproduced by courtesy of the Town Clerk, was circulated to members of the Council.

> "For some 18 months the Council have been most concerned at the inconvenience and discomfort which the people of Southend have experienced as a result of Atmospheric Pollution which has generally become known as "the smell" the incidence of which coincided with the bringing into operation of new Oil Refineries in close proximity to the Town.
>
> The Council, through the Health Committee, and its officers realised from the commencement of the nuisance that a continuation of the pollution would be intolerable. In consequence immediate representations were made to the Alkali Inspector of the Ministry of Housing and Local Government, whose duty it is to ensure that the best possible means are used in special processes to render any emission from them inoffensive and harmless, on the smells attributed locally to the oil refineries. Steps were also taken for systematic observation to be maintained by the Health Department Staff and members of the Public who had offered to co-operate in order that an accurate record should be available of the dates and times when the smell was apparent and the wind directions prevailing during the continuance of the pollution.
>
> Through the Medical Officer of Health the Corporation has worked in co-operation with the Oil Refineries to keep the managements informed of the times and of the conditions when the smell is noticeable within the Borough, so that investigations may be undertaken by them to ascertain whether the smell can be attributed to any of their processes and immediate remedial action taken. In this regard co-operation has been received by the Corporation's Officers from the Staffs at the Refineries both during the day and night when reporting atmospheric pollution.
>
> Since the nuisance first started, the Council, through its Officers, have kept in touch with the authorities in the surrounding area who have been affected and in particular with the Thurrock Urban District Council in whose area two of the Refineries are

situated. Close touch has also been maintained with the Town Clerk of the City of Durban on the experience of that City in connection with a similar complaint of smell arising from the activities of the Oil Refinery there and on the independent investigation which has been undertaken into the processes at the Durban Refinery.

Representatives of the Health Committee and the Corporation's Officers recently visited Shell Haven and Coryton Oil Refineries, and the representatives impressed upon the Refinery Managers the very serious nuisance which is created by the smell. The Alkali Inspector of the Ministry was present during both visits. The Council's representatives were informed that the Companies concerned and their respective Staffs at the Refineries were very alive to their responsibilities to the surrounding community; that the Companies too had established their own reporting system through which they were advised as soon as any smell was noticed in order that they could take all possible steps to determine the source of the pollution and, if attributable to the operation of the refineries, take measures for its removal.

The representatives were informed that the two Companies had expended considerable sums in the installation of additional apparatus and had made arrangements for the provision of new or improved equipment in the immediate future in an endeavour to remove any possible sources from which the smell could emanate. The Companies' representatives stated that they and their Companies would continue to take all possible steps to try and locate the source or sources from which the smell might arise and that they felt confident that, with the possible exception of an emergency arising at the Refineries, with the co-operation of all concerned they hoped materially to improve conditions.

As the Council well know a third Refinery is located on the Isle of Grain. Information on this installation and the steps being taken there to avoid any smell emanating from that plant is not at present available to the same extent but the Health Committee have recommended that a visit should be made to this Refinery and steps are now being taken with a view to this being arranged.

The Health Committee and its Officers propose to continue their observations in this matter and will take all steps reasonably possible to secure the removal of grounds for complaint. To this end they are prepared to co-operate as may be possible with the Authorities in the surrounding district and the Oil Companies.

Archibald Glen.

TOWN CLERK "

Subsequently a visit to the installations at Grain Island took place on July 20th. Toward the end of the year the Council, in Committee, received and discussed a report by the Medical Officer of Health on this matter. The proceedings were referred to in the following Press report.

"SEPTEMBER SMELL: BREAKDOWN BLAMED.

Southend Town Council went into committee on Tuesday to receive a report from the Medical Officer of Health on The Smell.

It is understood the M.O.H. referred to the smaller number of complaints received during recent months as well as to the serious nuisance experienced early in September. This latter

had been occasioned he was informed, by a serious and quite exceptional plant failure He had been advised of consistent efforts made by the oil operators to prevent, or at least to minimise, smell nuisance and had reason to believe that active research and experimental work were systematically undertaken as a result of which modifications had, and would be, made in the plants The Health Committee had been impressed by the obvious desire of the refinery managers to act in a responsible manner.

In his view public opinion in this country was not disposed to tolerate levels of nuisance which were accepted as common-place in other parts of the world, and the industry had yet to find answers to all the technical problems which confronted it in conforming to English standards in these matters.

Even if the ordinary operation of the plants caused no offence, it had to be remembered that mechanical failures might make it necessary to dispose, as a safety measure, of considerable quantities of highly inflammable material and so occasional cause for complaint would from time to time be inevitable.

He also paid tribute to the continuous efforts made by the Inspectorate of Alkali Works Etc. to secure improvements in both technique and operation."

During the year, the arrangements whereby the occurrence of this nuisance was notified to the plant operators, were strengthened and improved, and it is now the practice to telephone immediately.

Although there was an increase in the number of complaints received during the year, as the following table shows, there was a lessening of the total nuisance.

	1955	*1954*
Number of complaints received from public	35	21
Number of occasions, additional to above, when smell was noticed and recorded by officers of the Department	49	66
Total number of hours per month when smell was noticed		
January	4½	48¾
February	¾	29½
March	2½	3½
April & May	21¼	1½
June	4¾	6
July & August	9¼	26
September	18½	9½
October	11½	16¾
November	2½	9½
December	3¼	1½
Total	78¾	152½

The nuisance is intermittent and while its occurrence is no doubt influenced by the prevailing wind and atmospheric conditions generally, our observations suggest that the principal reason is either some exceptional process, or plant failure, and on the whole one inclines to the belief that the latter is more important.

Toward the end of the year much concern was occasioned when information about proposals to manufacture fertilizer in connection with the operations of the plant at Shell Haven was made public.

There is little occasion to modify the views which have been previously expressed and which are based largely on information and advice received from the Inspectorate of Alkali and Other Works. The plants have been designed to reduce as far as possible any cause for complaint, and when they are "run in" they should ordinarily operate without giving offence. In our opinion the managements are sensitive about their responsibilities to the public and are desirous of acting reasonably. When plant failures or unusual atmospheric conditions occur, some nuisance will be unavoidable. As for the rest, these plants are essential to the economic life of the country and it seems that people living in the Thames Estuary will need to reconcile themselves to accept the unavoidable nuisance with what philosophy they can muster.

SANITARY INSPECTION OF THE BOROUGH.

Mr. R. A. Drake, B.E.M., M.R.S.I., Chief Sanitary Inspector, reports as follows:-

"A. COMPLAINTS.

The following table shows the complaints received during the year.

General housing defects	1,861
Defective drainage systems... ...	356
Overcrowded and unsatisfactory housing conditions	336
Blocked drainage systems	325
Absence of or defective dustbins ...	308
Deposit of refuse on vacant land and back passages	147
Insect pests	119
Food and food premises	45
Dirty condition of houses or rooms...	42
Sanitary conveniences	39
Animals improperly kept	36
Water supply	30
Factories and workshops	16
Caravans	14
Fly nuisances	8
Smoke nuisances	7
Miscellaneous	363
	4,052

To deal with these complaints 14,360 visits of inspection were made.

In addition, 468 complaints in connection with rats and mice were received.

B. ABATEMENT OF NUISANCES.

Number of premises where nuisances were found to exist	1,921
Abated -	
after service of informal notices	542
after service of statutory notices	22
without notice	1,103
In process of being dealt with on 31.12.55.	254

Proceedings were instituted against six owners for failing to comply with statutory notices; in all instances the Court made nuisance orders awarding the Corporation costs, in three cases of two guineas each, and in one of three guineas. In one case the owner was fined £5 with four guineas costs, and in the remaining instance no costs were asked for.

One statutory notice served pursuant to Section 39 of the Public Health Act was not complied with. The necessary drainage work was carried out by the Corporation, the cost of which amounted to £60. 18s. 10d. The owner subsequently refunded this to the Corporation.

C. HOUSING.

(a) Unfit Houses dealt with under the Housing Act 1936.

	Houses	*Number of Persons displaced*
(a) Demolished as a result of formal or informal procedure (Section 11)	3	6
(b) Closed in pursuance of an undertaking given by owners under Section 11 and still in force	14	42

(b) Overcrowded and Unsatisfactory Housing Conditions.

Three hundred and thirty-six complaints were received about overcrowding and unsatisfactory housing conditions, to deal with which 1,537 visits were made. Each complaint was investigated. Where necessary the facts were reported to the Housing Committee.

The attention of the Housing Committee was also drawn to families requiring rehousing on health grounds.

(c) Housing Repairs and Rents Act, 1954.

(a) Certificates of Disrepair.

Applications received		59
Applications withdrawn	13	
Certificates refused	23	
Certificates issued	23	

(b) Revocation Certificates.

Applications received		35
Certificates issued	34	
Certificates refused	1	

D. SERVICE DEPARTMENT CAMPS.

The use of the one remaining Service Camp for housing purposes was discontinued during the year.

E. DIRTY AND VERMINOUS HOMES.

The number of complaints received under this heading was 42, as compared with 46 last year. This shows a welcome reduction in the number

of complaints received, which, in 1953 and 1952 were 197 and 212 respectively. In the majority of instances the complaints were unjustified, the only action required being a general tidying and cleaning up.

The Department disinfested 78 rooms.

F. CAMPING SITES.

Two camping sites were relicensed during the year. They were well maintained, the conditions of the licences being closely observed.

Three applications were received for licences to station caravans on sites in the Borough; all were refused. Seven caravans found to be occupying unlicensed sites were removed without recourse to legal proceedings.

G. PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The following table shows the work done under this Act during the year.

	Rats	*Mice*	*Total*
Complaints received ...	298	170	468
Premises surveyed ...	485	182	667
Infestations found ...	236	163	399
Treatment carried out			
(a) by Corporation ...	177	133	310
(b) by occupier under supervision of Rodent Officer ...	63	26	89
Total number of inspections			2,008

H. ATMOSPHERIC POLLUTION.

A report on the smells emanating from the oil refineries on Thames-side appears elsewhere in this report. The observations required to be made when the smell is noticed in a particular area of the Borough, to ascertain its characteristics and the areas affected, are time-consuming. I am indebted to the Inspectors who have frequently had to carry out this work during the night hours; this has, however, enabled us to obtain a considerable amount of useful data on this troublesome matter.

There were seven other complaints of the emission of smoke from chimneys, and upon investigation it was found that these were from small slow-combustion stoves used in workshops when they were first lit; the troubles ceased when the attention of the occupiers was called to them.

I. RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

Fifteen premises are registered. Seven samples of rag flock were submitted for tests in accordance with the Rag Flock and Other Filling Materials Regulations 1951; all were reported to be satisfactory. Forty-three visits of inspection were made.

J. PET ANIMALS ACT, 1951.

Eighteen applications for licences were received, all of which were granted. One hundred and eighty inspections of the premises licensed were made.

K. PHARMACY AND POISONS ACT, 1933.

Inspections totalling 389 were made in respect of 268 premises registered by the Council.

L. PLACES OF ENTERTAINMENT.

A total of 188 inspections of the sanitary accommodation in cinemas and theatres was made during the year; only a few minor sanitary defects were found, which were immediately rectified when brought to the notice of the management.

M. PARTICULARS OF

(a) Notifiable diseases.

Enquiries concerning notifiable diseases required 632 visits, in addition to which 192 visits were made to contacts.

(b) Other visits or inspections.

Marine store dealers ...	72
Piggeries	471
Registration of hotels, boarding and apartment houses (for Publicity Committee)	1,203

N. KNACKER'S YARD.

The licence granted by the Council to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained, and 195 animals (151 cows, 23 calves, 20 horses and 1 bullock) were slaughtered there. One hundred and sixty visits of inspection were made.

O. FACTORIES ACTS 1937 AND 1948.

The particulars required by Section 128(3) as requested by the Ministry of Labour and National Service are shown in the tables below.

Inspections.

Premises	*No. on Register*	*Number of*	
		Inspections	*Notices Served.*
(a) Factories in which sections 1, 2, 3, 4 and 5 are to be enforced by the local authority ...	81	123	-
(b) Factories not included in (a) to which section 7 applies ...	584	1,216	11
(c) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises) ...	-	-	-
Total	665	1,339	11

Defects found

Particulars	*Number of cases in which defects were*	
	Found	*Remedied*
Want of cleanliness	3	3
Sanitary conveniences -		
(a) Insufficient	4	4
(b) Unsuitable or defective	4	4
Total	11	11

Outworkers.

Lists received from employers and other authorities.

Nature of Work	*Workmen*
Wearing apparel	200
Toys and fancy goods ...	29
Art needlework	3
Boots and shoes	2
Lamp shades	2
Artificial flowers	2
Handbags	1
Brushes	1
	240

P. PUBLIC HEALTH ACT 1936, SECTION 154.

Legal proceedings were instituted against a rag dealer for exchanging toys etc. for articles of clothing with children under 14 years of age. The Justices imposed a fine of one pound.

Q. PUBLIC MORTUARY.

During the year, 106 bodies were received in the public mortuary, where 58 autopsies were performed.

R. DISEASES OF ANIMALS ACTS.

The Chief Sanitary Inspector acts as the inspector of the local authority under the Diseases of Animals Acts.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture, Fisheries and Food. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

S. FERTILISERS AND FEEDING STUFFS ACT 1926.

The following samples have been taken and submitted for analysis:-

	Satisfactory	Un-Satisfactory	Action taken
Sulphate of ammonia	1	–	
Basic slag ...	1	–	
Natural Growmore ...	–	1	)Variation being all)in excess of statement)did not warrant any)action being taken
Bone meal ...	–	1	
Hoof and horn ...	1	–	
Layer Pellets ...	–	1	Deficiency in fibre to extent of 20% of declared percentage, which is in excess of permitted variation of 12.5%. No action was taken in view of Section 5 Article 7 of Feeding Stuffs of the new Fertilisers & Feeding Stuffs Regulations 1955.

T. METEOROLOGY.

The following information is supplied by the Meteorological Officer:-

Total sunshine for the year	...	1755.4 hours
Sunniest day	...	14.2 hours on 5th June
Sunniest month	...	July
Days with sunshine	...	297
Total rainfall for year	...	22.91 inches
Wettest day of year	...	2.10 inches on 21st October
Mean temperature	...	50.2°
Maximum temperature	...	82° on 20th August
Prevailing winds	...	South-west and north-east.

INSPECTION AND SUPERVISION OF FOOD.

FOOD AND DRUGS ACTS 1938 - 1944.

A. MILK

(i) Registration and Licensing.

Milk and Dairies Regulations 1949 - 1954.

No. of persons registered as distributors	...	157
No. of premises registered as dairies	...	3

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949-1953.

No. of dealers' (Pasteuriser's) Licences	3
No. of dealers' (Pasteuriser's - Tuberculin Tested Milk) licences	3
No. of dealers' licences to use the special designation "Pasteurised"	64
No. of dealers' licences to use the special designation "Tuberculin Tested (Pasteurised)"	19
No. of supplementary licences to use the special designation "Pasteurised"	2
No. of supplementary licences to use the special designation "Tuberculin Tested (Pasteurised)"	1
No. of dealers' (Steriliser's) licences ...	1
No. of dealers' licences to use the special designation "Sterilised"	125
No. of supplementary licences to use the special designation "Sterilised"	3

Milk (Special Designation) (Raw Milk) Regulations 1949-1954.

No. of dealers' licences to use the special designation "Tuberculin Tested"	27

(ii) Bacteriological Examination of Milk.

During the year, 508 samples of milk were submitted for prescribed examinations.

	No. of samples	*Passed*	*Failed*
Pasteurised ...	82	82	-
Sterilised ...	45	45	-
Tuberculin Tested-			
(a) Pasteurised	88	88	-
(b) Farm Bottled	293	288	5
	508	503	5

All the five samples reported as having failed the test were produced and bottled on farms outside the Borough. A copy of the laboratory reports was sent to the Area Milk Officer in each case.

(iii) Inspections and Complaints.

Inspections of dairies, plant and equipment totalled 255 during the year. Thirteen complaints were received by the Department; ten alleged adulteration of milk, two, dirty bottles, and one a foreign body in a bottle of milk. The samples of milk sent to the public analyst following the complaints of alleged adulteration were reported to be satisfactory. Full investigations were made regarding the dirty milk bottles, and the responsible dairymen were cautioned as necessary. The complaint that a bottle of milk contained a foreign body was found to be unjustified.

B. ICE CREAM.

(i) Registration.

The number of premises on the register at the end of the year is shown in the following table:-

Type of Registration		*Number*
Manufacturers	...	15
Vendors	...	494
		509

No new applications in respect of factories were received during the year. The number of vendors has, during the same period, increased by 12.

Heat treatment is employed by all manufacturers, and the requisite indicating and recording thermometers are provided. All the premises and equipment are of modern design and satisfactorily maintained.

Two manufacturing firms supply considerable quantities of ice-cream to retailers situated outside the Borough.

Eight firms are registered in respect of 21 mobile vans for the sale of ice-cream - a requirement of the Corporation's Act of 1947. All vehicles are provided with sinks with hot and cold water supplies. The majority of these vans operate in areas outside the Borough and retail "soft" ice-cream. The factories in which it is manufactured are kept under close supervision; several samples are submitted to the Public Health Laboratory for testing each week, and the vans are only allowed to be used when they comply with the Corporation's requirement. The supervision of the retailing of ice-cream by employees rests with the authority of the area in which the vans operate.

A total of 812 visits to ice-cream premises was made during the year.

(ii) Bacteriological Examination.

Two hundred and forty-six samples were submitted to the Public Health Laboratory for examination by the methylene blue reduction test, and were classified in accordance with standards suggested by the Ministry of Health, as follows:-

Grade 1	*Grade 2*	*Grade 3*	*Grade 4*
157	50	23	16

Samples falling in categories 3 and 4 are considered to be unsatisfactory.

Investigation of the possible causes of contamination was carried out on the premises from which unsatisfactory samples were obtained, and advice given. In one instance where the source of contamination was obscure, the director of the Public Health Laboratory visited the factory with me to investigate conditions and methods there.

(iii) Ice Lollies

Ninety-five samples were submitted to the Public Health Laboratory for examination, eighty-two were reported to be satisfactory and 13 unsatisfactory.

C. CHINESE EGG ALBUMEN.

In November, Medical Officers of Health were advised by the Ministry that certain consignments of Chinese Egg Albumen had proved bacteriologically unsatisfactory.

This led to our identifying all the deliveries of the material and submitting samples to the Public Health Laboratory. In three instances an organism of the salmonella group was isolated, one possibly being salmonella thompson. The other two were sent to the Reference Laboratory for typing. Where any stocks of the material remained in the hands of local confectioners we ensured its return to the suppliers and notified the Medical Officers of Health of the districts to which it was despatched.

About the same time the Baking Trade Press issued statements about the use of this egg albumen recommending that it should only be used in preparations which would be subjected to a temperature of not less than 212°F. for at least ten minutes. These statements also drew attention to the need for the prompt and effective cleansing of all utensils and equipment which would come into contact with the egg albumen and engendering particular care on the part of work people who used it. As far as we know no harm resulted from the events which have just been narrated, but the incident serves to underline the truth that external vigilance is the price of freedom from infection.

D. ARTIFICIAL CREAM.

Twenty-two samples were submitted to the Public Health Laboratory for bacteriological examination; all were reported as being satisfactory.

E. FOOD PREMISES (OTHER THAN ICE-CREAM) REGISTERED UNDER SECTION 14 OF THE FOOD AND DRUGS ACT OR UNDER LOCAL ACTS MADE UNDER SECTION 16.

Cooked meats, ham, etc.	...	55
Fried, smoked or cured fish		17
Shellfish	...	10

F. MEAT.

(i) Slaughter houses.

During the year 1955, 7,507 animals were slaughtered and examined at the two slaughterhouses, situated in other areas, detailed as follows.-

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	687	229	641	1103	4847	–
Number inspected ...	687	229	641	1103	4847	–
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned ...	–	–	3	1	5	–
Carcases of which some part or organ was condemned ...	139	53	3	14	91	–
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	20.2	23.1	0.94	1.36	1.98	–
Tuberculosis only						
Whole carcases condemned ...	3	3	–	–	1	–
Carcases of which some part or organ was condemned ...	50	28	–	–	60	–
Percentage of the number inspected affected with tuberculosis ...	7.71	13.5	–	–	1.26	–
Cysticercosis						
Carcases of which some part or organ was condemned ...	8	–	–	–	–	–
Carcases submitted to treatment by refrigeration...	8	–	–	–	–	–
Generalised and totally condemned ...	–	–	–	–	–	–

(ii) Slaughter of Animals Act.

Ten applications for licences to slaughter animals in slaughterhouses were received, all of which were granted.

G. SHELLFISH.

During the year, 332 samples of cockles were submitted to the Public Health Laboratory for bacteriological examination. All samples were considered to be fit for consumption.

H. UNSOUND FOOD.

In addition to the carcases etc. condemned at the slaughterhouses, the following foods were voluntarily surrendered as being unfit for human consumption:-

Canned goods	7,799 tins
Fresh food:	
Meat	6,472 lb
Fish	169 stone
Miscellaneous	2,337½lb

I. FOOD HYGIENE.

Most contraventions of the Food and Drugs Act 1938 are readily put right, but in 22 instances reports were submitted to the Health Committee, after which the contraventions were remedied without recourse to legal proceedings.

Three thousand, five hundred and eighty-one inspections have been made during the year of premises where food is prepared, stored, or sold, as follows:-

Restaurants, cafes, etc.	972
Ice cream premises	812
Shellfish premises	409
Butchers' shops	321
Provision shops	262
Fish shops	196
Bakehouses	115
Greengrocers	112
Flour confectioners	84
Provision warehouses	62
Other food premises	236
	3,581

J. COMPLAINTS AS TO FOOD AND FOOD PREMISES.

Forty-five complaints were received relating to food or food premises; these have been summarised as follows:-

Food

Alleged to be	
Unfit for human consumption	8
Containing foreign bodies	6
Adulterated	14

Milk

Adulteration	10
Dirty milk bottles	2
Foreign bodies in milk	1

Food Premises

Dirty condition of	2
Dirty utensils	2
	45

As regards the eight complaints about food said to be unfit for human consumption, four related to tins of food which, upon examination, were found to be blown, two to bread which had developed slight moulds owing to bad storage in the homes, one to

a bottle of mineral water which contained nine inches of a bicycle chain - from the evidence obtained it appeared likely that this had been placed in the bottle after purchase - and in the remaining instance to an orange cream sponge - laboratory examination revealed that an excessive amount of flavouring essence had been used in the cream filling.

All the six complaints of foreign bodies in food were found to be unjustified.

Of the 14 complaints alleging adulteration of food, in each case it was possible to obtain a portion of the food, either from the complainants or from the retailers' premises; these were forwarded to the Public Analyst who reported them to be genuine.

The 13 complaints relating to milk are dealt with under heading "A. MILK. *(III) Inspections and Complaints.*"

The two complaints alleging that shops were in a dirty condition were found to be unjustified, as also were the two allegations that dirty utensils were being used in restaurants.

K. BAKEHOUSES.

The number of bakehouses on the register at the end of the year was 30; this was 12 less than last year. A total of 115 visits was made to these premises, in the course of which five contraventions of section 13 of the Food and Drugs Act 1938 were found. All of these were remedied on notice being called to them.

L. REGISTRATION OF HAWKERS AND THEIR PREMISES.

Registration required under the Council's private Act of 1947 ensures the adequate supervision of food on sale by hawkers, and of the premises used by them for the storage of their wares. It also enables the Council to require that food is retailed only from suitable vehicles provided with the requisite facilities for hand washing.

Three applications for registration were received from hawkers.

M. SAMPLING OF FOOD AND DRUGS

(i) Samples of Food Analysed.

Nature of Sample	*Number*
Milk	93
Cakes, cake and pudding mixes and ingredients ...	45
Butter, margarine, fat, etc.	22
Patent medicines ...	17
Squashes, syrups, cordials etc.	16
Spices, herbs, pickles, sauces, soups, pastes, etc. ...	16

Nature of Sample	*Number*
Cereals and pulses	14
Sweets and chocolates	10
Ice creams and ice lollies ...	9
Fish	6
Alcoholic drinks	6
Tea and coffee	5
Vinegar	4
Cream	3
Cooked meats	2
Suet	2
Cheese and cheese spreads ...	2
Milk beverages, etc.	2
Milk powder	1
Condensed milk	1
Olive oil	1
Lemon curd	1
Dates	1
Steak pudding	1
	280

(ii) Unsatisfactory Samples.

Of the samples analysed, eight were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:-

No.	*Sample*	*Formal or Informal*	*Nature of Adulteration or Irregularity*	*Observations*
1126	Plain flour	Formal	31.4% deficient in Creta Preparata.	Referred to Ministry of Food
1171	Milk	do.	3.3% deficient in fat	) Public Analyst) reports "freezing) point did not) indicate the) presence of added) water". Samples) taken at place) of delivery.) Cautioned.
1173	do.	do.	11.7% do.	
1175	do.	do.	6.7% do.	
1182	do.	do.	9.7% do.	
1212	Ginger Beer	Informal	Contained a piece of bicycle chain.	Cautioned
1259	Lemon jelly cream	Formal	Had the composition of table jelly crystals.	No action.
1262	Lemm Fizz cubes	Informal	Contained Saponin.	(Old stock. (Remainder of (consignment (surrendered.

REGINALD A. DRAKE.
CHIEF SANITARY INSPECTOR.

HOUSING.

HOUSING REPAIRS AND RENTS ACT, 1954.

The Act came into force in 1954 so a review of this year's workings is the first opportunity we have had of judging its results. It will be remembered that the Act allowed for strictly limited increases in the rent of certain houses whose owners had kept them in good condition; rent increase could be resisted if the tenant could obtain from the local authority a Certificate of Disrepair. This certificate barred increases in rent until the defects specified in it were rectified. On the whole, owners have been chary of seeking to increase the rents of many houses, preferring to accept current rents rather than be faced with carrying out extensive and expensive repairs. As always happens, we have encountered a few individuals who desired to push their legal rights to quite unreasonable lengths.

The other feature of the Act, and one on which the then Minister of Housing and Local Government pinned his hopes, was the "rescue" aspect. Owners who are prepared to improve accommodation, either by the provision of amenities or the division of larger properties, can obtain improvement grants from local authorities. The department approached several of our large landlords who have long enjoyed the reputation of being fair-minded and conscious of their responsibilities. All were sympathetic to the objects of the Act, but upon close examination its possibilities became less attractive. A landlord cannot improve a house without the consent of the tenant if the latter is to be called upon to pay a higher rent, and our enquiries suggest that there are many tenants who are unwilling, even when they enjoy an unrealistically low rental, to pay a reasonable increase as the price of an essential amenity like a bathroom or hot water.

Furthermore, the acceptance of an improvement grant, in addition to limiting the rental which can be charged for a house, prevents the landlord selling the property for a term of years. To improve a property is to invite its revaluation and to attract a higher rate, and capital outlay to obtain an increased rent does not attract with income tax and surtax at their present high levels.

To trustees of estates and to owners who are old enough to concern themselves with the situation which will confront their heirs, these considerations have proved a serious deterrent, and although there has been a steady trickle of applications, improvement grant facilities have made no noticeable impact upon housing conditions in this town.

Housing Survey.

The housing survey, which was intended to embrace most houses built before 1925 except large properties in owner occupation, continued steadily throughout the year and is producing much

valuable information upon which to base future policy. It appears that there are quite a number of areas in the town where smaller houses, though structurally sound, are so lacking in amenity that they will not attract suitable tenants whenever there is a lessening of the housing shortage. When this happens, careless and heedless tenants will hasten the deterioration which has already occurred, and unless measures can be devised whereby these areas are treated as a whole, they must inevitably become the slums of the next generation There is, among the houses we have surveyed, a surprisingly high proportion which lack baths, hot water, adequate food storage, and indoor sanitation. As expected, we found an appreciable number of old people occupying separate tenancies. There must be a much larger number of elderly couples who occupy accommodation which is bigger than they really need, and which they are unable adequately to heat or maintain in a reasonable standard of cleanliness. A redistribution of accommodation would therefore obviously go some way to lessening present housing difficulties.

The contrasts between owner-occupied and tenant-occupied properties were as striking as ever, and we continued to find instances where a tenant, enjoying the protection of the Rent Restriction Acts, has in effect been living rent free, or even making a profit out of his tenancy by the simple expedient of sub-letting to those in urgent need of accommodation.

SLAUGHTERHOUSES.

There is still much uncertainty about slaughterhouses which is unlikely to be resolved in the near future. It is very costly to provide slaughterhouse facilities which are in accordance with modern ideas; the official estimate for the cost of a slaughterhouse to serve a population of up to 150,000 is £71,400. The extent of the provision which is necessary will depend upon the shape and nature of our future meat supplies, and here the pattern must necessarily alter with changing conditions.

The report of the Inter-departmental Committee on slaughterhouses issued in 1955 addressed itself particularly to the siting of slaughterhouses in conformity with the Government's intentions of securing a "moderate degree of concentration of slaughtering". It recommended that the County Borough of Southend-on-Sea, the new town of Basildon, the urban districts of Benfleet, Canvey, Rayleigh, Thurrock and the rural district of Rochford, with a total population of 363,000 be served by one slaughterhouse conveniently sited. If this population consumed only home-cured meat, it would cost over £100,000 to complete and equip the premises required.

It is fortunate that when the responsibilities for providing slaughterhouse facilities were placed upon local authorities in 1954, it was not necessary for the Council to embark upon any ambitious scheme. It will be recalled that suitable arrangements were made for the operation of privately owned premises at Rayleigh and Benfleet. These have provided adequately for all needs and you have thus been afforded a longer period of time in which to make decisions about the future.

Your staff of sanitary inspectors has continued to be responsible for the majority of the inspections carried out at the Rayleigh slaughterhouse This work calls for much overtime for which no appropriate payment is allowable, but it makes meat inspection effective and uses our limited staff to best advantage. It was again noticeable during the year that the quantity of meat which had to be condemned was much less than when rationing was in force, which supports the view previously expressed that much "marginal" meat is not now finding its way into the slaughterhouses of the area.

NATIONAL HEALTH SERVICE ACT, 1946, PART II.

GENERAL MEDICAL AND DENTAL SERVICES.
PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The Services provided under Part II of the Act are controlled by the Local Executive Council, a Statutory body appointed by the Ministry of Health. Certain members of the Town Council continue to serve on the Local Executive Council, and there is a very pleasant relationship between these bodies.

The following extracts from the Report of the Local Executive Council for the year ending March 31st, 1955, are included by kind permission of the Chairman, Dr. H. F. Hiscocks, to whom, as ever, I am much indebted.

"The work of the Council and its various Committees has continued along its usual routine without any special innovations or variations in procedure of the kind noted in my last two reports. This we can regard, I think, as satisfactory in that it indicates a settling down of the Health Service generally on a National level, and a harmonious working of the different sections of the service in the area of our own Council. The informal machinery which exists for co-operation between Hospital Services, Local Authority Health Services and ourselves has not had to be utilised on any occasion; and this again, far from its being any indication of its lack of efficiency, points, I think you will agree, to a smoothness of running and general co-operation that obviates the necessity for these arrangements to be brought into action.

The number of Medical Practitioners on the Council's list was slightly higher at 73, but in spite of this the 4 areas into which the Borough is divided, namely, Leigh-on-Sea, Westcliff-on-Sea, Southend-on-Sea and Shoeburyness, retain their previous classifications. Leigh-on-Sea is an intermediate or doubtful area, and the other 3 are designated. With the increase in number of practitioners, the dividing line is naturally becoming very thin. The average number of patients on individual practitioners lists, at 2,514, is an increase of about 100 on the figure for the previous year. New acceptances number 4,201 and temporary residents 5,229, a figure which relative to the size of the area is naturally high in view of the popularity of the town as a sea-side resort.

The number of sight tests for the period was 23,598, and the number of glasses supplied 20,844. The slight but steady decline in the number of glasses broken and lost noted in my last report has been maintained. Here it should be pointed out that since the inception of the Service there have been no formal complaints, and no reasons for having to call together, in its judicial capacity, the Ophthalmic Services Committee. This shows a fine record of the good service and a high standard of work for the local profession to maintain.

The Denture Replacements Committee has met 7 times. There appears to be a slight but definite increase in the number of claims under this heading.

Under the Dental Section this is the first year we have had the services of the *Conciliation Committee*. This Committee was formed at the suggestion of the Minister to adjudicate in cases where dissatisfaction was expressed with regard to dentures. It, thereby, relieves some of the work normally falling on the Services Committee and already has proved its worth in this way with us. Two meetings were held to hear two cases neither of which was easy to handle, and in both of which great credit was due to its members for the manner in which the difficulties were resolved.

Finally, may I express sincere thanks and appreciation to all members for their unfailing co-operation and support in the work of the Council throughout the year. As the Minister of Health said in a recent address, 'Without voluntary service the National Health Service would wither and die'."

	Year ended 31.3.54	Year ended 31.3.55	Year ended 31.3.54 £	Year ended 31.3.55 £
GENERAL MEDICAL SERVICE				
Number of principal practitioners included in the List	72	73		
Number of assistant practitioners employed by principals	5	5		
Number of persons included in Doctors' Lists	149,369	151,995		
Number of persons registered as temporary residents	4,876	5,229		
Total gross payments made to practitioners for General Medical Service			158,776	160,202
Total gross payments made to practitioners for mileage			352	352
Total gross payments made to practitioners for Drugs			198	209
Total payments made to practitioners opting out of the Superannuation Scheme			1,728	1,608
MATERNITY MEDICAL SERVICE				
Number of practitioners included in the separate List.	44	49		
Number of assistant practitioners included in the separate List	-	1		
Total gross payments made to practitioners for Maternity Medical Services			7,823	9,226
TRAINEE ASSISTANT PRACTITIONERS				
Number of assistant practitioners	-	-		
Total amount paid to employing principals			-	-
SUPERANNUATION, EMPLOYER'S CONTRIBUTIONS.			6,862	7,654
DENTAL SERVICE				
Number of dentists included in the List	38	37		
Number of assistant dentists included in the List	5	7		
Total gross payments made to Dentists in the year			113,393	119,379
Total gross payments made to Dentists opting out of the Superannuation Scheme			478	374
Superannuation, Employer's contributions			5,035	5,340
Total amount of Statutory charges to patients			38,393	38,258

STATISTICAL DATA contd.

	Year ended 31.3.54	Year ended 31.3.55	Year ended 31.3.54 £	Year ended 31.3.55 £
SUPPLEMENTARY OPHTHALMIC SERVICES				
Number of Opticians included in the List	25	27		
Number of Ophthalmic Medical Practitioners in the List	4	8		
Number of dispensing opticians included in the List	6	6		
Number of sight-tests authorised up to 31st March, 1955: 168,142				
Number of cases dealt with up to the 31st March, 1955, where				
one pair of glasses supplied 86,263				
two pairs of glasses supplied 32,823				
three pairs of glasses supplied 38				
bifocals supplied 19,103				
one lens supplied 1,879				
(a) Total amount paid to the profession			37,983	41,437
(b) Total amount of refunds of deposits to patients			231	209
(c) Total amount of Statutory Charges to patients			24,602	25,048
PHARMACEUTICAL SERVICE				
Number of Pharmacists included in the List	54	55		
Number of Pharmacists' establishments included in the List	62	64		
Number of Drug Stores included in the List	2	3		
Number of Appliance Suppliers included in the List:				
Distributors	21	29		
Manufacturers	7	6		
Amount paid to Pharmacists for dispensing			146,145	168,685
Amount paid to Pharmacists for rota duties			1,421	1,386
Amount of Statutory Charges to Patients			27,106	26,178
ADMINISTRATION				
Number of permanent staff employed	14	14		
Number of temporary staff employed	-	-		
Number of part-time staff employed	-	-		
ACCOUNTS				
Total gross salaries and overtime			5,883	6,548
Insurance contributions, employer's share			170	166
Rent, rates, lighting and cleaning			340	348
Postage and telephones			667	649
Stationery and printing			304	414
		Carried forward	7,364	8,125

STATISTICAL DATA contd.

	Year ended 31.3.54	Year ended 31.3.55	Year ended 31.3.54	Year ended 31.3.55
Brought forward	£7,364	£8,125		
ADMINISTRATION ACCOUNTS contd.				
Office Decorations and Repairs, etc.	5	40		
Office Equipment	20	2		
Travelling expenses and subsistence	43	56		
Drug Testing	67	69		
Subscription to Association of Executive Councils	20	20		
Incidentals	3	2		
Employer's Superannuation Contributions	413	484		
Advertising	-	2		
	£7,935	£8,800		
SUMMARY OF EXPENSES	£	£	£	£
General Medical Services	167,916	170,034 (inc.Drugs)		
Maternity Medical Services	7,823	9,226		
Trainee Assistant Practitioners	..	..		
Dental Service	118,906	125,095		
Statutory Charges to Patients			38,393	38,258
Supplementary Ophthalmic Service	38,214	41,646		
Statutory Charges to Patients			24,602	25,352
Pharmaceutical Services	146,145	170,072		
Statutory Charges to Patients			27,106	26,178
Administration	7,935	8,800		
Superannuation Refunds to Medical Practitioners	30	15		
Grand Total	£486,969	£524,888	£90,101	£89,788

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

Arrangements under this Act were fully described and discussed in the Annual Report 1950, pp 81 and 82. No serious contraventions were found during the year, and conditions were generally reported to be satisfactory.

Registration of Premises (Sect.1 (1) (a)).

Registrations in force January 1st, 1955	5
Registrations in force December 31st, 1955	4
Applications not proceeded with	2
Total number of children "permitted"	139
No. who ceased attendance at registered premises ...	79
No. who commenced attendance at registered premises ...	179
Children under supervision during year	258
Total visits of inspection	34

Registration of Persons. (Sect.1 (1) (b)).

Registrations in force January 1st, 1955	26
Registrations made during year	13
Registrations cancelled by consent	11
Registrations in force December 31st, 1955	28
Applications not proceeded with	7
Applications not granted	7
No. of children "permitted"	194
No. of children "placed" with minders	255
No. of children "withdrawn" from minders	128
Total children under supervision during year	383
Total visits of inspection...	245

There are minders who, though they have not minded any children for perhaps up to three years, still withhold their agreement to the removal of their names from the register.

CHILDREN IN NEED.

Joint Circular of July 31st 1950.

Ministry of Health Circular 27/54 "Prevention of Break-up of Families".

The medical officer of health was appointed co-ordinating officer in accordance with the circular of July 31st 1950, and regular weekly meetings of the Children in Need Conference have been held since 30.5.1951. The original members, the children's officer, the inspector N.S.P.C.C., the superintendent welfare officer, and the superintendent health visitor were joined in October 1952 by the psychiatric social worker from the Child Guidance Clinic and, on the initiative of the Probation Committee, by the senior probation officer in November 1955. In the absence of the medical officer of health the chair is taken by his deputy who is clinical assistant to the paediatric department of the General Hospital, Southend.

The functions of the conference and an account of its methods have been given in recent annual reports and there are no material alterations to record since we began our work. The central register of "Children in Need" has been maintained but little use has been made of it by outside agencies.

The conference evidently proves helpful to all its members for their attendances have been remarkably well maintained. It continues to provide for the prompt exchange of information and the reconciliation of divergent opinions. It has reduced overlapping and removed any occasion for competition, enabling an agreed course of action to be drawn up, and has left individual responsibilities unimpaired. Experience has shown that our united efforts and resources are often inadequate to repair the damage which is done to family life, and to protect children against the consequences of parental failure. Our experience suggests that local authorities require specialised staff and perhaps additional statutory powers if we are to be more successful in the rehabilitation of the family which is unable to sustain itself as an effective and wholesome unit of society.

The circumstances of 94 families were reviewed on 243 occasions.

CREMATORIUM.

During the year, 1,211 cremations were carried out at the Southend-on-Sea Crematorium to which the medical officer of health and his deputy act as medical referees.

NATIONAL ASSISTANCE ACT, 1948.

Mr. E. A. Beasant, Principal Lay Officer, reports -

"Save for Section 50 (Disposal of the Dead) the Health Committee has carried out all the Council's duties under this Act since July 5th, 1948, and the wisdom of integrating health and welfare services becomes more and more apparent, for there has been administrative advantage with economy.

The co-ordination of the home nursing and the domestic help services provided under the National Health Service Act, with the welfare services available to the aged under the National Assistance Act, is most important, and indeed all the services which foster the retention of the old in the community are fully used. Institutionalisation, usually necessary when some degree of continuous supervision is required, is always resorted to with reluctance and some sense of defeat.

PART III ACCOMMODATION

Part III accommodation, as it has somewhat unfortunately come to be called, is provided at Connaught House, Crowstone House and in a variety of voluntary homes. At the end of the year there were 463 Part III residents, 29 more than a year before and 202 more than in 1948.

The efforts of the Health Committee and its officers to command more beds have brought them no relief and, if anything, difficulties and anxieties grew during the year.

It must be apparent that the hospital service and those provided under the National Assistance Act are complementary, and it is generally true that, as far as the old are concerned, what is not done by one agency must be done by the other. Good - will and a proper understanding of the need of the aged protected the joint working arrangements at Rochford Hospital and Connaught House from the worst consequences of the administrative separation of 1948, and it is significant that the medical staff of the Geriatric Unit continues responsible for medical care at Connaught House.

The hospital has found itself unable to meet all demands for admission of the aged and the chronic sick, so consequently your organisation has had to give what help it could by admitting those who would have been more properly accommodated in hospital, retaining those who should have been transferred there, and accepting patients whose discharge from hospital has been a little premature.

While there have been no serious incursions into the proper field of the hospital, the extra help we have given with a number of patients has, all told, been a considerable relief to the geriatric side of the hospital. We continue to be grateful to Dr. Cieman, consultant geriatrician, for the interest he always takes in our old people and for the unfailing inspiration he affords our staff, but he would be the first to admit that few officers in the hospital service enjoy a freer hand with local authority beds.

When two Part III authorities exist in one hospital area inequalities and friction are encouraged. Unless both are prepared to accept from the hospital into their accommodation the same kind of case, the residents of the one will tend to be retained in hospital at the expense of residents from the other.

Since 1948 it is understood the Hospital Management Committee has experienced more difficulty in obtaining Part III beds for patients from the Essex County Council area than for those from the County Borough. In consequence a few hospital beds must in effect be permanently blocked by Essex patients. This hinders the admission of Southend residents and in its turn further increases the demand on your part III institutions.

It has not been easy at once to maintain the rights of our residents and good relations with our neighbours. A hospital almoner who has to obtain the transfer of patients to Part III accommodation will, in the natural order of things, seek to arrange this with the authority whose officers can for whatever reasons be more helpful, and the hospital staff, conscious that

it is making best use of the accommodation it has, can be forgiven if it is not unremitting in its efforts to disembarrass itself of all patients immediately they are suitable for other accommodation. It has been our duty to bring these facts prominently to the notice of the Regional Hospital Board and the officers of the neighbouring authority. On the whole we have achieved something for the time being and have not impaired our relations with either.

When in 1951 a joint user agreement with the Essex County Council in respect of accommodation at Connaught House came to an end, there was a substantial number of Essex residents in Connaught House It has taken a long time to secure their transfer and even now this is not complete, although by the end of the year only six of them remained.

It is not readily appreciated how the accidents of history and local administrative needs have modified the present situation of many Part III authorities. Those that were slow to modernise their hospitals, and to make clear the boundary between them and the social welfare institutions, have often left the National Health Service no alternative but to take over many of the more helpless of the aged, leaving the way clear for the development of small Part III hostels for those who require no great amount of personal care Locally it has been very different. The hospital system here has never been adequate to the needs of our growing population.

Beds in the former sick wards at Rochford were always in demand and the Health Committee inherited in 1930 a partially completed six bed block begun by the former Guardians. This addition when brought into use was inadequate and further extensions were undertaken. At the same time the beds in the neighbouring social welfare institution were not fully used, so it was natural to make increasing use of Connaught House as an annexe to the hospital. This combination of circumstances has made our work difficult, and when we also take into account the disproportionate number of old people in our population, it must be patent that this area has special claims.

CROWSTONE HOUSE.

Crowstone House, with its 56 beds, has continued to fulfil all the hopes entertained at its opening in 1953. It has been able to deal with a degree of physical need much greater than was originally contemplated and has given some old ladies a renewed and continuing interest in life.

Each year that passes, however, sees the general level of physical efficiency decline, and the time is coming when some of those who have found a happy and congenial home here will require to be moved, in spite of what the staff try to do for them.

During the year, a total of 18 residents was admitted, 10 on transfer from Connaught House and 8 from their own homes. (Temporary accommodation for 1 night was provided for a resident of Luton who had been visiting the town with a party of old people and missed the coach back).

A total of 13 was discharged, 2 to Connaught House, 6 to private addresses and 5 to hospital, and 3 died in Crowstone House, so that on the 31st December 56 women were in residence, their ages being as under:-

Under 70	*70 - 79*	*80 - 89*	*90 and over*
7	24	22	3

CONNAUGHT HOUSE

Towards the end of 1954 a recurrent crisis compelled another look at Connaught House to find some more space for beds. The extremity was so great that the board room block, part of which was used for religious purposes, came under consideration. Archdeacon Gowing and the Rev. Tom Shepherd, who knew the position, were very sympathetic to our approach, which was the more confident because the mounting enfeeblement and deterioration at Connaught House had called for the institution of ward services to supplement more formal religious exercises in the chapel. The Roman Catholic communion were just as helpful. When Rochford was served by the priest at Rayleigh, facilities for worship in Connaught House were important to the staffs of the hospital, the institution and the neighbourhood, but recent changes had removed much of their significance. We were fortunate therefore that there were no insurmount able obstacles to using the whole of this block for residential accommodation, which came about early in February.

The large central room - first board room and then chapel - now became a dormitory divided up into a number of small enclaves by arrangement of individual wardrobes. This had the effect at once of making the dormitory much more home-like, affording some measure of privacy and allowed of the arrangement of the beds so as to discourage the spread of respiratory infections. The adjoining room, similarly diverted from religious purposes, became a most pleasant sitting room, and with several other small adaptations the scheme was an immediate success. The block was very suitably named "Gowing" in appreciation of what the Archdeacon has done for the spiritual life both of Connaught House and the adjoining hospital, and one likes to think that this latest example of his broadmindedness and magnanimity will remain associated with his name.

During the year every opportunity has been taken to improve the level of amenity at Connaught House by redecorating and

refurnishing. One of the most necessary improvements would be the provision of individual wardrobes for the residents, and these the Health Committee ardently desires to provide. It is physically impossible to do this while the present degree of overcrowding has to be tolerated. This illustrates most vividly the straits in which the Health Committee finds itself in discharging its obligations.

Each year brings about a progressive lowering of the general level of the competence, both mental and physical, of the residents as a whole, necessitating more attention to their basic physical needs and demanding increases in staff to do this.

The wider range of disability and deterioration with which we have to deal makes it impossible adequately to classify and segregate our residents, some of whom are, to the distress of their relatives and their own disadvantage, necessarily accommodated alongside persons who prove unacceptable companions. The need to lessen these disadvantages is constantly in the mind of those who administer Connaught House and they are deserving of much credit for the partial success they achieve.

The only radical cure for this state of affairs lies in the completion of the Council's building programme to which reference is made later on.

The Health Committee, its staff and the residents at Connaught House continue to be grateful that the interest which individuals and outside organisations take has been well sustained. In particular the film shows arranged by the regional branch of Toc H and the generosity of the Inner Wheel are much appreciated.

Age of Residents.

	Males	*Females*	*Total*
Under 60	12	14	26
60 - 69	16	22	38
70 - 79	35	66	101
80 - 89	29	91	120
90 and over	7	28	35
	99	221	320

Of a total of 320 residents, 155 or 48.4% were over the age of 80.

Essex County Council Residents.

Resident on 1.1.55		*Admitted during year*		*Discharged during year*		*Died during year*		*Remaining on 31.12.55*	
M	F	M	F	M	F	M	F	M	F
3	13	1	2	1	9	1	2	2	4

Admissions		*Discharges*	
M	F	M	F
1 from Canvey Island.	1 from Canvey Island. 1 from Rochford	1 to St. George's Hospital, Hornchurch. 1 Died in Connaught House.	3 to Rochford Hospital. 3 to St. George's Hospital, Hornchurch. 1 to Crowstone House, Westcliff-on-Sea. 1 to Leytonstone House, High Road, Leytonstone, E.11. 1 to Rettendon Hall Nursing Home, Rettendon, Chelmsford. 2 died in Connaught House.

New Accommodation.

There is a good deal to be said for building old people's hostels in the larger housing estates, because the elderly accommodated there would benefit from any growth of community spirit and would find interest in the young life of the neighbourhood, while the prospects of the recruitment of suitable part-time assistance would be good.

The Committee's first choice therefore was a site on the south side of Pantile Avenue which is very close to Cluny Square, the central feature of the Temple Sutton Estate. Consultation with the Ministry's principal regional officer demonstrated that an alternative site immediately to the north across the road would be more advantageous. This commended itself to the Health Committee and the Housing Committee were good enough to agree.

The Borough Architect was given the task of preparing plans for a hostel accommodating about 60 residents who would require a good deal of physical care but who would nevertheless be capable of appreciating and enjoying a high level of amenity. He was asked to ensure that the siting of the W.C. and washing accommodation would make it convenient of access by both night and day and should not involve traversing corridors at night. It was also suggested that the position and lay-out of the kitchen should later permit its being used in connection with a meals-on-wheels scheme for the area, and that space should be left to allow of possible development of an old persons' club.

The plans approved by the Health Committee being at once unusual and ingenious have already proved of interest both to architects and administrators.

By the end of the year the necessary preliminary professional work had been completed and tenders invited. The Committee expected to be able to accept a building tender early in 1956.

Accommodation provided pursuant to Part III of the National Assistance Act, 1948.

Accommodated in:	Persons resident on:								
	5-7-48	1-1-49	1-1-50	1-1-51	1-1-52	1-1-53	1-1-54	1-1-55	1-1-56
Connaught House (Borough cases only)	213	222	227	230	243	288	282	293	314
Crowstone House	-	-	-	-	-	-	47	54	56
Other Local Authorities' Homes	25	28	31	30	33	20	15	17	15
Voluntary Homes under Section 26	2	1	37	38	41	43	53	63	71
Homes for Epileptics	3	3	3	4	4	4	4	4	4
Homes & Hostels for the Blind	13	15	14	13	6	2	1	2	1
Mental After-Care Homes	5	8	5	5	1	1	1	1	2
Totals	261	277	317	320	328	358	403	434	463

Persons maintained by Local Authority in Part III Accommodation during 1955.

Accommodation provided in:	Resident on 1.1.55		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.55	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY:										
Connaught House, Rochford ...	92	205	79	163	68	138	8	12	95	218
Crowstone House, Westcliff-on-Sea ...	-	54	-	19	-	14	-	3	-	56
HOMES OF OTHER LOCAL AUTHORITIES:										
East Ham County Borough Council ...	1	-	-	-	1	-	-	-	-	-
Essex County Council ...	-	2	-	2	-	1	-	-	-	3
Kesteven County Council	3	-	-	-	-	-	-	-	3	-
London County Council...	1	3	-	-	-	-	-	1	1	2
Middlesex County Council ...	1	-	1	-	-	-	-	-	2	-
Norfolk County Council	-	5	-	-	-	1	-	-	-	4
Surrey County Council...	-	1	-	-	-	-	-	-	-	1
HOMES FOR EPILEPTICS:	-	4	1	-	1	-	-	-	-	4

Continued

Accommodation provided in:	Resident on 1.1.55		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.55	
	M	F	M	F	M	F	M	F	M	F
HOMES AND HOSTELS FOR THE BLIND: ...	-	2	-	-	-	-	-	1	-	1
MENTAL AFTER CARE HOMES:	-	1	-	1	-	-	-	-	-	2
VOLUNTARY HOMES UNDER SECTION 26: ...										
Sandringham, Westcliff-on-Sea ...	5	14	2	5	1	3	1	-	5	16
Dowsettholme, Southend-on-Sea ...	1	6	-	2	-	2	-	-	1	6
St. Martin's, Westcliff-on-Sea ...	-	14	-	2	-	1	-	1	-	14
Rest Haven, Leigh-on-Sea ...	-	2	-	-	-	-	-	-	-	2
Millfield, Prittlewell ...	-	1	-	3	-	2	-	-	-	2
St. Edith's, Leigh-on-Sea ...	-	3	-	-	-	1	-	-	-	2
Assumption Convent, Near Petersfield ...	-	-	-	1	-	-	-	-	-	1
B.R.C.S. Hostel, Uxbridge ...	-	-	-	1	-	-	-	-	-	1
Loughton Lodge, Loughton ...	-	1	-	-	-	-	-	-	-	1
Church Army Anchorage Home, Newport, I of W.	-	-	1	-	1	-	-	-	-	-
Cripplecraft, Herne Bay ...	-	1	-	-	-	-	-	-	-	1
Glebe House, Lexden, Colchester ...	-	1	-	-	-	-	-	-	-	1
Eastwood Lodge, Eastwood	-	2	-	-	-	-	-	-	-	2
Gardeners' Benevolent Country Home, Horton	1	1	-	-	-	-	-	-	1	1
Hampstead Old People's Housing Trust, Ltd...	-	1	-	-	-	-	-	-	-	1
Home and Hospital for Jewish Incurables, London, N.15. ...	-	1	-	-	-	-	-	-	-	1
Home for Aged Jews, London, S.W.12. ...	1	2	1	2	-	-	-	1	2	3
Methodist Homes for the Aged, Tankerton. ...	-	1	-	-	-	-	-	-	-	1
Pentecostal Eventide Home, Bakewell. ...	-	1	-	-	-	-	-	-	-	1
Royal Hospital and Home for Incurables, London, S.W.15. ...	-	1	-	-	-	-	-	-	-	1
Pembroke House, Gillingham ...	1	-	-	-	-	-	1	-	-	-
Blenheim House, Oldham	-	1	-	-	-	-	-	-	-	1
Ripon Lodge, London S.E.5. ...	1	-	1	-	1	-	-	-	1	-
Villa Adastra, Hassocks ...	-	1	-	-	-	-	-	-	-	1
W.V.S. Old People's Club, Winchester ...	-	-	-	1	-	-	-	-	-	1

TEMPORARY ACCOMMODATION

During the year, 61 cases were investigated, and in 25 of these temporary accommodation was provided at Connaught House as under:-

	No. of cases	*Length of stay*
Individual males	5	4 for 1 night 1 for 2 days
Individual females	10	5 for 1 night 2 for 2 nights 1 for 3 days 1 for 4 days 1 for 7 days
Mother and 1 child	2	1 for 1 night 1 for 6 days
Mother and 2 children	3	2 for 1 night 1 for 4 days
Mother and 3 children	1	2 nights
Mother and 4 children	1	2 nights
Parents and 1 child	1	1 night
Parents and 2 children	1	7 days
Married couple (no children)	1	1 night "

NATIONAL ASSISTANCE ACT, 1948 - SECTIONS 29 AND 30.

BLIND WELFARE.

Voluntary.

The Blind Voluntary Organisation has continued to fulfil the hopes of its creators. It is with great regret that one recalls the death of W.D.W.Franks, Esq., J.P., Chairman of the Club Sub-Committee. Mr.Franks's great and intuitive understanding of people, his enthusiasm and energy, got the Club off to a flying start and he has left behind him those who will continue the work which he began and which makes many blind people his permanent debtors.

It would be improper to report on the work of the Organisation without mentioning three other men. Alderman B.S.Clarke, Ph.C., M.P.S., Chairman of the Council's Care, After-Care and Welfare Sub-Committee, has long had a great interest in the blind, an interest which has been formed by his long association with the Moorfields group of hospitals. As Chairman of the Organisation since its inception, he has done much to bring the statutory and voluntary elements together, and has nursed the Organisation through the teething troubles inseparable from any human activity.

R.C.J.Gordon, Esq., Hon.Secretary of the Organisation, has proved to be the right man in the right place; fertile in ideas, prompt in execution, and resolute in the pursuit of his objectives, he is, and continues to be, the ideal secretary.

Everyone associated with the Organisation would wish to pay tribute to what E. A. Beasant, Esq., Principal Lay Officer in this department, has done for it. All the responsible officers have leaned heavily on his advice, and his vast knowledge of affairs and of the personalities in the town has made him an invaluable counsellor and negotiator.

The Organisation has two prime objects at the present time, namely, the acquisition of suitable premises for its social club, and the founding of a small residential home for blind persons. Both these would be of great help to the blind, and one hopes that it will not be long before one or both are realised.

Wireless.

The British Wireless for the Blind Fund supplied 32 new wireless sets during the year. The voluntary organisation continued to meet the cost of repairing and maintaining many of the wireless sets installed in the homes of blind persons.

Registration.

	Males	Females	Total
Register of the Blind			
Number on Register 1.1.55	144	229	373
Left Borough during year	8	7	15
Died during year	19	21	40
Transfers in from other areas ...	4	8	12
Newly registered during the year ...	15	37	52
De-certified during the year... ...	4	4	8
On Register 31.12.55	132	242	374
In Homes for the Blind	-	1	1
In other Homes including Part III ...	5	25	30
In M.D. Institutions...	2	2	4
Register of Partially Sighted			
Number on Register 31.12.55	37	63	100

Age Periods of Registered Blind Persons

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and Over	Unknown	Total
Males	-	-	-	-	-	1	1	-	3	10	8	14	15	14	66	-	132
Females	-	-	-	1	-	3	1	1	4	5	7	18	14	24	164	-	242
Total	-	-	-	1	-	4	2	1	7	15	15	32	29	38	230	-	374

Age at Onset of Blindness

	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and Over	Unknown	Total
Males	12	-	-	-	1	1	1	3	15	8	15	13	15	17	30	1	132
Females	16	-	1	-	1	8	-	2	6	3	14	27	26	24	114	-	242
Total	28	-	1	-	2	9	1	5	21	11	29	40	41	41	144	1	374

The review by Mr. D. P. Choyce, F. R. C. S., of the B. D. 8 certificates of certain persons on the Blind Register continued during the year, but again, despite persuasion, only a small proportion of those invited for re-examination consented to this.

Cases newly registered during year.

Forms B. D. 8 were received in respect of the following: -

	Males	*Females*	*Total*
Certified blind	15	37	52
Certified partially-sighted	10	14	24
Certified not blind or partially-sighted	-	1	1
	25	52	77

Persons whose names were entered on the register of the blind during 1955 were aged: -

36-40	*41-55*	*61-65*	*66-70*	*71-75*	*76-80*	*81-85*	*86-90*
2	3	3	4	9	9	14	8

Causes of Blindness. (Persons notified 1955 Total 52).

(i) Primary Cataract Total 13.
(a) Suitable for surgical treatment, ages 86, 86, 81, 88, 87, 79.
(b) Not suitable for surgical treatment, ages 83, 84, 87, 83, 83, 79, 66.

(ii) Primary Glaucoma Total 10.
Ages 75, 68, 63, 76, 78, 82, 82, 79, 72, 82.

(iii) Diabetes Total 6
Ages 55, 63, 70, 39, 73, 72.

(iv) Errors of Refraction. Total 5.
Ages 54, 72, 64, 84, 81.

(v) Senile Macular Degeneration. Total 7.
Ages 82, 72, 76, 80, 86, 83, 69.

(vi) Cerebral Tumour. 1 aged 53.

(vii) Retina Defects Total 6.
Ages 84, 75, 73, 36, 76, 82.

(viii) Cerebral Thrombosis. 1 aged 87.

(ix) Optic Atrophy. 1 aged 76.

(x) Syphilis. 1 aged 74.

(xi) Ophthalmia Neonatorum. 1 aged 87.

Partially Sighted.

Persons whose names were entered during 1955 in the register of the partially sighted were aged: -

Under 10	*41-45*	*46-50*	*51-55*	*56-60*	*61-65*	*66-70*	*71-75*	*76-80*	*81-85*	*86-90*
5	2	2	3	1	1	2	-	4	3	1

Total - 24

Follow-up of Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends:-				
(a) No treatment	10	10	-	29
(b) Treatment (medical, surgical or optical)	9	3	-	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	3	2	-	14

Ophthalmia Neonatorum.

No cases of ophthalmia neonatorum were notified during the year.

Work of the Home Teachers.

A total of 1499 visits was made to blind persons in their homes, during which 160 lessons in embossed type and 61 lessons in handicrafts were given.

The handicraft class continued to meet weekly, instruction being given in chair-caning, weaving, netting, string-bag making, basket making and other crafts.

Home Workers.

At the end of the year there were 3 home workers in receipt of augmentation of wages, 2 engaged in basket making and 1 in circular machine knitting

Periodicals.

Periodicals in Braille and Moon type continued to be supplied free of charge to local blind readers, whilst many of them continued to avail themselves of the library facilities afforded by the National Library for the Blind, to which the Local Authority makes an annual grant.

Use of Deck Chairs on Promenade and Cliffs.

Passes were issued to 268 blind people by the Council's Entertainment Committee, enabling them to use deck chairs on the promenades and cliffs - a privilege much appreciated.

EPILEPTICS AND SPASTICS. CIRCULAR 26/53.

There still appears to be little demand for community welfare services for adult epileptics. The majority of sufferers from this complaint are fortunately able to obtain treatment which controls

adequately their tendency to fits and are thus able to lead normal lives once they are fitted into a suitable occupation after leaving school. Requests for the help of the local authority usually relate to individual patients whose fits cannot be satisfactorily controlled and for whom residential care in an epileptic colony is sought.

The Southend-on-Sea and District branch of the National Spastics Society has continued to develop its voluntary efforts on behalf of persons handicapped by cerebral palsy. This comparatively young organisation has, very reasonably, devoted its initial efforts primarily towards the welfare of spastic children, but is gradually broadening the scope of its activities to include its adult members.

Where an enthusiastic and successful voluntary organisation exists, it is the policy of the local authority to advise and support it, believing that the interests of the handicapped are best served by the co-operation of all available agencies.

NATIONAL ASSISTANCE ACT, 1948. SECTION 37.

Registration of Disabled Persons' or Old Persons' Homes.

		Registered at 31.12.55.
Homes for Old Persons:	*No*	*No. of beds*
Voluntary	2	43
Private	†13	†86
Homes for Old and Disabled Persons:		
Voluntary	1	30
Private	‡11	‡108
Homes registered under Section 144 Southend-on-Sea Corporation Act, 1947: ...	5	43

† 1 home also registered under Southend-on-Sea Corporation Act.

‡ 2 homes ,, ,, ,, ,, ,, ,, ,, ,,

SECTION 47. REMOVAL OF PERSONS IN NEED OF CARE AND PROTECTION (NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951).

This Section empowers the removal of persons "suffering from grave chronic disease" or who, "being aged, infirm or physically incapacitated are living in insanitary conditions" and, under proper safeguards, their detention in hospitals or other suitable institutions.

It was not necessary to take any formal action under this Section during the year.

SECTION 48. TEMPORARY PROTECTION FOR PROPERTY OF PERSONS ADMITTED TO HOSPITALS.

It is mostly persons admitted to Mental Hospitals whose property requires the protection provided by this Section, and so it is convenient and logical to call on the duly authorised officers to do this work. One hundred and eighty seven visits were made during the year. The work is time-consuming and can, upon occasion, be very unpleasant.

SECTION 49. RECEIVERSHIPS.

The temporary protection of the property of persons admitted to hospitals not infrequently involves the Department in a more permanent concern with their affairs. Notwithstanding the assistance from the Town Clerk's Department, for which we are most indebted, the discharge of the duties of Receivership continue to be tedious and exacting. Where estates are so small as to be unable to support the charges constantly made by banks and solicitors, and there are no friends or relatives willing or able to act, the local authority must do so, but one does not accept that the public health department is necessarily the most suitable agency for this work. It is suggested that consideration be given to some alternative arrangement.

SECTION 50. DISPOSAL OF THE DEAD.

The local authority has the duty of arranging for the burial or cremation of the bodies of persons dying within the area, in default of action by a relative or friend. The Cemeteries Registrar arranged one funeral after investigations had been made by the Health Department.

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COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1955

COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1955

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR 1955.

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:
Alderman P. B. Renshaw, I. S. O.

Vice Chairman:
Councillor O. A. Moss, F. H. A.

Ex Officio:
Chairman of Education Committee:
Councillor A. V. Mussett.

Vice Chairman of Education Committee:
Councillor L. W. Johnson, J.P.

Chairman of Maternity & Child Welfare Committee:
Alderman Mrs M Broom.

Alderman P. B. Renshaw, I. S. O.
Councillor Mrs. H. Crawford.
Councillor O. A. Moss, F. H. A.
Councillor R. J. Watts
Mr. E. S. Bowyer.
Miss E. O. Dowsett.
Mrs. S. S. Sylvester.
Mrs. M. K. Bates, J.P.
Reverend Canon P. C. Lee.
Reverend Canon W. E. Toft.
Mr. T. L. Morgan, M. Sc., A. M. I. C. E., A. M. I. Struct. E.
Mr. F. R. Price, M. A.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

Principal School Medical Officer:
J. Stevenson Logan, M. B., Ch. B., D.P.H.

Deputy Principal School Medical Officer:
J. Conway Preston, M. R. C. S., L. R. C. P., D. P. H.

School Medical Officers:
John Greenhalgh, M. B., B. S., M. R. C. S., L. R. C. P., D. A.
Dorothy Kirby Paterson, M. B., B. S., M. R. C. S., L. R. C. P., D. P. H.
Dorothy Irene Klein, M. B., Ch. B., D. Obst. R. C. O. G.

Principal School Dental Officer:
Edgar C. Austen, L. D. S., R. C. S. (Eng.).

Assistant School Dental Officer:
Kenneth Ballantyne, L. D. S., R. C. S. (Eng.). resigned 26. 4. 55.

Superintendent Health Visitor:
Miss Edith Roberts.

Health Visitors and School Nurses:
Miss M. N. Withams.
Miss D. E. Stevens.
Mrs. U. MacGrath.
Mrs. A. M. Hart.
Miss F. L. Blackbourn.
Miss M. K. Lock.
Mrs. J. M. Fairfax.
Miss M. Brennan.
Miss J. M. Gaillard.
Miss E. J. Watson, appointed 27. 5. 55.
Mrs. L. M. Firsht (née Millow)
Miss B. A. Russell.

Student Health Visitors under Training:
Miss M. E. Bryant, appointed 10. 1. 55.
Miss M. E. Kidder, appointed 10. 1. 55.
Miss M. W. Nichols, appointed 10. 1. 55.
Miss K. Noonan, appointed 26. 9. 55.

School Clinic Nurse:
Miss D. L. Willis.

Educational Psychologist:
Hubert J. Wright, B. Sc.

Psychiatric Social Worker:
Miss D. L. Freeman-Browne.

School Clinic Attendant:
Mrs. S. Winterflood, resigned 9. 6. 55.
Miss P. V. Glithero, appointed 6. 6. 55.

Dental Attendants:
Miss I. J. Sinclair.
Mrs. J. A. G. Wakefield, resigned 24. 3. 55.

Clerks:
Mrs. B. P Hurrell, resigned 13. 8. 55
Miss L. C. Howell.
Mrs. M. Bosworth, resigned 24. 12. 55.
Miss C. Moore.
Miss P. Philbrick, appointed 3. 10. 55.
Mrs. M. Webber.

B. PART-TIME OFFICERS

Psychiatrist:
H. Bevan Jones, M. R. C. S., L. R. C. P., D. P. M.

Speech Therapist:
Miss P. Road, L. C. S. T., resigned 31. 7. 55.
Miss C. Harries, L. C. S. T., appointed 5. 9. 55.

Assistant School Dental Officer:
Ronald Salter, L. D. S., R. C. S. (Eng.).

Dental Attendant:
Mrs P. M. Makepeace, appointed 10. 5. 55.

ANNUAL REPORT

Once again the Annual Report of the principal school medical officer is mainly the work of his deputy, Dr. J. C. Preston.

Its merits, be they of comprehension, understanding or nicety of phrase, derive from him alone.

Our work has been well maintained in spite of difficulties, which are tedious to rehearse, and progress, both actual and prospective, is to be discerned; to look back on the School Health Service is to appreciate that it has not failed to develop along the same liberal lines as the educational system, of which it is so small a part, and that it has not lagged behind in its appreciation of the needs of the individual child.

The growing realisation that the handicapped must, as far as practicable, be retained in the ordinary school system is a vindication of the school medical officers who have long aimed at this objective.

The School Health Service must remain flexible and adaptable. Needs which were clamant in its earlier days are no longer important and it must develop a healthy self-criticism if it is to avoid legitimate criticism from outside.

In conclusion, acknowledgement is most gratefully made of the support received from the Committee, its officers and teaching staffs, together with all the members of this Department upon whose consistent and enduring work our successes are built.

J. Newman Logan.

PRINCIPAL SCHOOL MEDICAL OFFICER.

STAFF

At the beginning of the year there were only nine health visitors and school nurses, excluding the Superintendent Health Visitor, striving to carry out work for which an establishment of fifteen is considered appropriate. There were no further retirements or resignations during the year, and the staff was augmented by the appointment of Miss E. J. Watson in May and by the recruitment in July of Mrs. L. M. Firsht and Miss B. A. Russell on the successful completion of training sponsored by the authority. Three other student health visitors, Miss M. E. Bryant, Miss M. E. Kidder and Miss M. W. Nichols, began their training under this scheme in January, and one, Miss K. Noonan in September, so that at the end of the year the prospects of a full staff of health visitors and school nurses were brighter than at any period since before the war.

The establishment of three school medical officers, who are also assistant medical officers of health, is only just sufficient to carry out the authority's commitments, particularly now that B. C. G. vaccination has to be undertaken, so the absence through ill-health of one of the medical officers during the first three months of the year, is reflected in the smaller number of routine medical inspections carried out.

The speech therapist, Miss P. Road, resigned in July, but as her successor Miss C Harries took up duty at the beginning of September, there was little interruption in the work of this clinic.

The two senior members of the clerical section resigned, each for domestic reasons, Mrs. B. P. Hurrell in August and Mrs. M. Bosworth in December, and Miss P. Philbrick joined the staff in October.

Mrs. S. Winterflood, the school clinic attendant, left in June, being replaced by Miss P. V. Glithero, and the second dental attendant, Mrs. J. A. G. Wakefield, left in March, to be succeeded in May by Mrs. P. M. Makepeace.

The staffing of the school dental service has been a familiar and recurrent problem ever since the advent of the National Health Service. The resignation in April of the whole-time assistant school dental surgeon, Mr. K. Ballantyne, left the department again seriously depleted. While there is an unrealistic disparity between the rewards of the Local Government service and those of comparable employment in other fields, shortages of staff must be expected to continue.

ROUTINE MEDICAL AND DENTAL INSPECTION.

No modification has been made in the age groups selected for routine medical inspection: children are examined in their first and last year at a primary school, and in their last year at a secondary school.

The number of routine medical inspections was 4,708, compared with 6,120.

From April onwards the school dental service was maintained by the principal school dental officer and a part-time dental officer working five sessions a week. Routine dental inspections numbered 8,324, compared with 9,710 in the previous year.

PROVISION OF MILK AND MEALS.

The only major project completed during the year was the kitchen at West Leigh Primary School, but further progress was made with minor improvements, and plans for six additional major projects at various schools were well advanced by the end of the year

The quality of meals supplied to the schools is, in general, very satisfactory, and the School Meals Organiser and her Staff exercise much thought and ingenuity in producing varied and attractive menus.

The disadvantages of meals transported in heated containers have been commented upon before. They can be reduced by good organisation and equipment, and certainly a good container meal from a well equipped kitchen is better than an indifferent meal produced on the spot with all the hazards of improvisation.

The daily average number of meals supplied is over 11,000 and represents about 46% of the children on roll, the proportion being somewhat higher in the secondary than the primary schools.

There was no outbreak of food poisoning attributable to school meals Members of the kitchen and dining room staffs show a commendable sense of responsibility in reporting the occurrence of relevant illnesses in themselves or their families, and in appropriate cases investigations are undertaken by the school medical officers before they return to duty.

ARRANGEMENTS FOR TREATMENT.

1. GENERAL.

A. School Clinics.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. from Monday to Friday throughout the year.

No.70, Burnham Road, Leigh-on-Sea.

Wednesday afternoon at 2.15 p.m. throughout the year.

Council Offices, High Street, Shoeburyness.

Thursday afternoon at 2.15 p.m. throughout the year.

Eastwood High School, Rayleigh Road, Eastwood.

Monday afternoon at 2.15 p.m. during term-time only.

B. Minor Ailment Treatment Centre.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9 a.m., Monday to Saturday throughout the year. (Treatment by School Clinic Nurse.)

C. Dental Clinic.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Two surgeries. Open daily, mornings and afternoons for 11 sessions a week until 26.4.55. Thereafter, until 14.9.55, one surgery only open for 11 sessions, the second surgery operating for 5 sessions a week. From 14.9.55, one surgery only open for 11 sessions.

No.70, Burnham Road, Leigh-on-Sea.

Five sessions weekly. Tuesday, Wednesday and Thursday mornings and Tuesday and Wednesday afternoons until 26.4.55. Reopened 14.9.55.

D. Eye Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Tuesday morning at 9 a.m., first and third Friday mornings of each month at 10 a.m. and Thursday afternoon at 2.15 p.m. throughout the year.

E. Orthoptic Clinic.

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Seven sessions a week - Monday, Tuesday, Wednesday, Friday and Saturday mornings and Tuesday and Friday afternoons, until 20.9.55.

F. Child Guidance Clinic.

Psychiatrist provided by Regional Hospital Board.
Premises and ancillary staff provided by Local Authority.

No.20, Warrior Square, Southend-on-Sea.

The Clinic works on an appointment system. The psychiatrist attends on 4 sessions a week, on Monday and Friday throughout the year.

G. Speech Therapy Clinic.

No.20, Warrior Square, Southend-on-Sea.

The clinic works on an appointments system. The Speech Therapist attends daily, mornings and afternoons, except Wednesday morning and afternoon and Saturday morning, when she is engaged on work for the Hospital Management Committee. The time-table is subject to variation when the Therapist has to visit schools to interview head teachers.

The central clinic premises at the Municipal Health Centre provide three consulting rooms for medical officers, a minor ailment treatment room, two dental surgeries with a recovery room, and an ophthalmic clinic with dark room, together with waiting hall and ancillary offices. The special inspection clinics at Burnham Road, Leigh and the Council Offices, Shoeburyness, are combined with diphtheria immunisation sessions, and the premises are shared, though not simultaneously, with the maternity and child welfare services of the local health authority. The clinic at Eastwood High School is only open during term time.

At the end of 1954 the Education Committee issued a revised code of School Regulations and Manual of Guidance for teachers. The opportunity was taken to include a section on the School Health Service, with the object of giving teachers a concise picture of the scope of the Service, the ways in which it can be of help to them, and how the best use can be made of the facilities it provides. In the belief that it may have a wider interest it is reproduced here.

"SCHOOL HEALTH SERVICE.

The following Notes prepared by the Principal School Medical Officer on the School Health Service are included for the information of Headmasters.

The principal aims of the School Health Service are:-

The maintenance of cleanliness, the prevention of infection and the promotion of the health, both physical and mental, of the normal child attending school.

The ascertainment of handicapped pupils who require special educational treatment.

(a) Cleanliness.

The School Nurses make routine cleanliness surveys as soon as possible after the commencement of each term and in appropriate cases advise the Headmaster that a scholar should be excluded from school until cleansing has been undertaken. At the same time a notice is sent to the parents drawing attention to the child's condition and the recommendation which has been made, and informing them of the facilities available for cleansing. Headmasters should always exclude a scholar on the advice of the School Nurse or on the direction of the Principal School Medical Officer under Section 54(7) of the Education Act 1944.

Compulsory action is reserved for intractable cases where persuasion fails, and in recent years it has seldom proved necessary. It is helpful if the School Nurse is consulted about any scholar who attends school in an unsatisfactory condition, because attention is thereby directed to families who most need the help of the Service.

Headmasters will be aware how deeply imputations of uncleanliness are resented, and how difficult it is to conceal from other scholars the fact that one of their classmates is unsatisfactory in this respect. In particular, proper conditions of privacy are essential if the School Nurse is to carry out her work without offence or distress.

(b) Routine Medical Inspection.

This only takes place three times in a child's school career, viz. "as soon as possible after the date of his admission", "during the last year of attendance at a Primary School," and "during the last year of attendance at a Secondary School."

This arrangement cannot provide complete medical supervision during a child's school life. Its purpose is to ascertain the physical condition of the scholar on admission, to make recommendations regarding treatment or special education; to review his state of health when he passes to the secondary school; to ensure as far as possible that any remediable defects are dealt with before he finally leaves school; and to advise against employment which would be unsuited to him.

Children found at routine medical inspection to have a defect are subsequently re-inspected as often as necessary.

These arrangements are only adequate if supported by a full use of the facilities for "special" inspection, for which the Principal School Medical Officer looks to the Headmasters. The experienced teacher will readily recognise most children who might benefit from being so referred, but the selection should be wide enough to include those who fail to make and maintain expected progress in physical development and function, who suffer from any form of ill health, who may have minor disabilities of the special senses, or who are emotionally disturbed or unhappy.

Children can be presented for special inspection either when a Medical Officer attends for routine inspection, or at any time by reference to the School Clinic.

(c) School Clinics.

No doctor is in attendance at the Minor Ailment Treatment Centre in the mornings, when treatment is carried out by the Nurse in accordance with the instructions of the Doctor who has previously seen the scholar at the Inspection Clinic. A scholar who is to be referred to the doctor should be instructed to attend in the afternoon. Scholars who have sustained accidents in school can of course be sent, after first aid treatment, to the Clinic, although during the morning a doctor may not always be available.

The School Clinic service does not compete with the family doctor, so it is important that parents should not feel under any compulsion to seek advice through the School Health Service. Teachers who feel that medical advice should be obtained for a scholar should, therefore, except in emergencies, inform the parents and give them the opportunity either to consult their family doctor or to take the child to the Clinic.

(d) Dental Clinic, Municipal Health Centre.

Scholars suffering from toothache can be seen any morning at 9.0 a.m. without an appointment. They should however be accompanied by a responsible adult who is competent to give consent for treatment and the administration of an anaesthetic.

The names of scholars requiring non-urgent dental treatment should be forwarded to the School Clinic so that a dental appointment may be made.

The parents of scholars seeking advice about dental treatment should also be told that they can obtain this either from the School Dental Service or through their own dentist under the National Health Service.

(e) Special Clinics.

Scholars who Headmasters consider may require to attend the Child Guidance Clinic or the Speech Therapy Clinic, should be referred initially to the Principal School Medical Officer. Scholars presenting problems of educational progress can of course be referred direct to the Educational Psychologist.

(f) Accidents in School.

As noted above, scholars who are ambulant can be referred to the School Clinic, although there may not be a doctor available in the mornings. The more serious accidents present the Headmaster with the choice between summoning a doctor to the school and sending the child direct to the Casualty Department of the Hospital.

The individual circumstances must decide the course of action. The doctor first summoned should, where this is reasonable, be the scholar's own medical practitioner. The parent should of course be notified at the earliest opportunity. If an ambulance is required the request should be telephoned to the Municipal Health Centre (telephone No. 49451).

Headmasters have a wide discretion about summoning medical assistance or transport for accidents, and the Committee has always supported them by accepting responsibility for the payment of transport costs or doctors' fees, where these are not covered by the National Health Service.

(g) Outbreaks of unusual or multiple illness in Schools.

No one is in a better position than the Headmaster to draw attention to outbreaks of this kind; information from other sources is always tardy and incomplete. Delay imposes obstacles which impede investigation and may prove insurmountable. It is essential to make a telephoned report about any illness suggestive of food poisoning immediately, because successful investigation may depend upon samples of food being available.

(h) Contacts of Infectious Disease.

Teachers have the obligation to report the occurrence of infectious disease in their own households so that the Principal School Medical Officer may advise. The exclusion of contacts is not automatic, each case being considered individually. Absence advised by the Principal School Medical Officer is disregarded in calculating sick leave entitlement, and ranks for National Insurance benefit, but only when certified by him. No absence by reason of contact with infectious disease can be recognised unless authorised by the Principal School Medical Officer.

The exclusion of child contacts of infectious disease is dealt with in a memorandum obtainable from the Principal School Medical Officer; it is subject to revision periodically and Headmasters will be notified of any alterations. "

Reference was made last year to the valuable co-operation between the hospital authority and the school health service. The Eye Clinic, Orthoptic Clinic, and Child Guidance Clinic are all, in varying degrees, joint enterprises. The speech therapist is employed by the local authority and shared with the hospital. As is shown later in this report, the physiotherapist will be employed by the hospital authority and shared with the education committee. The consultant paediatrician acts as paediatric adviser for the open air school, and the deputy principal school medical officer holds an appointment as clinical assistant in the paediatric department of the hospital, and in addition attends the special quarterly orthopaedic clinic for children referred through the education and infant welfare services of the local authority. All these points of contact facilitate the interchange of information and assistance and foster the close personal relationship which is the basis of true co-operation.

2. MALNUTRITION.

There was no alteration in the arrangements for the provision of free milk and meals on medical recommendation or on evidence of economic need. Malnutrition due to lack of food is very rare.

Prior to 1947 the statistical Table II B. submitted to the Ministry of Education, which appears at the end of this report, was described as indicating the "nutrition" of the children examined at routine medical inspections, and classified them in four groups, A, B, C, and D. Since that date it has been used to indicate the wider concept of "general condition", thus recognising that impaired general health and physique is not synonymous with malnutrition and the number of groups has been reduced to three. Administrative Memorandum No. 514, dated 2.9.55 gives advance information of further changes to be introduced in the statistical tables for 1956, among which is an additional modification of the "nutrition table" which takes this rationalisation a stage further by reducing the categories to the simple classification "satisfactory" or "unsatisfactory".

3. MINOR AILMENTS.

Treatment of minor ailments is provided at each of the inspection clinics, and also daily at the treatment centre at the Municipal Health Centre which is open every morning throughout the year. No doctor is present at these morning sessions, the school clinic nurse undertaking the continuation of treatment previously prescribed by the doctor at the inspection clinics.

Attendances at medical officer's clinics numbered 4365, compared with 4038 in the previous year. The amount of treatment of minor ailments fluctuates with the prevalence of these conditions, and this year attendances for treatment numbered 2814, compared with 5434.

In the past, septic skin conditions formed the bulk of the practice of a minor ailment treatment clinic for children, but these are now less prevalent owing to improved hygienic standards, and more readily cured by the modern medicaments available. The incidence of minor injuries, cuts and abrasions, remains fairly constant. Otitis media, which does not really deserve to be called a minor ailment, is one of the most important conditions dealt with at the clinic. To be successful, treatment must be early, intensive and regular, and if this means loss of school time it is a small price to pay for avoiding chronic otorrhoea with its attendant risks of complications and possible permanent deafness.

4. UNCLEANLINESS AND VERMINOUS CONDITIONS.

The total number of examinations by school nurses was 51,618 compared with 46,195 last year. The number of individual children recorded as being found to be infested was only 44, compared with 141 in the previous year. Unfortunately there is reason to believe

that this figure is not accurate: a number of minor infestations, where it was not considered necessary to serve an official notice on the parent have not been recorded. For this reason the figure for 1954 probably gives a truer picture of the incidence of infestation today. Even this figure is commendably low, and the relative infrequency of these conditions has raised doubts in some quarters about the necessity for routine cleanliness inspections in the schools. To abandon a preventive service because it is successful might not unfairly be likened to ceasing to pay fire insurance premiums because one has not had a fire.

Criticism is mainly directed to two points, the alleged waste of time of the school nurses in carrying out inspections which produce so small a result and the fact that inspections are not undertaken in the grammar schools.

The allegations of waste of time not only ignore the preventive aspect, but fail to take account of other relevant factors. Cleanliness surveys are not directed solely to verminous infestation: the nurse at the same time takes note of the general cleanliness of the child, the adequacy and condition of his clothing, his general well-being, and the presence of any obvious defects such as skin lesions. Moreover, the cleanliness inspection affords a good opportunity for the nurse to do other things: to make contact with the children, to consult the head teacher about individuals and to ascertain whether pupils recommended for dental treatment or spectacles have been treated.

To substitute for this system a limited selective inspection of children from families known to have low standards of social hygiene would be open to grave objection. Infestation is by no means confined to a few repeated offenders; there is the child whose parent is surprised and horrified when it is discovered that infestation has occurred. It is precisely because inspection is regular and universal that such cases are so few. Secondly, to select children for inspection would not only cause deep offence to parents but would pillory the child. The question of how these children are to be selected in the first place has also to be considered.

The demand for modification of the present procedure in regard to the secondary modern schools, and particularly the boys' schools, is based upon the fact that inspections are not undertaken in the grammar schools. It is pointed out that the pupils at the grammar schools come from the same homes as those in the modern schools and, like them, have brothers and sisters in the primary schools. This would have greater validity as an argument if it could be shown that the average child in a secondary modern school is a bad risk because of the type of home

he comes from. But there is no suggestion of this, and no evidence to support it. He is only a bad risk, if at all, because his chances of coming into contact with infection are greater. That there are more children from "social problem" homes in the secondary modern schools than in the grammar schools, is not an indictment of the secondary modern school or of the average pupil in it. There are many factors which militate against the chances of a child from a social problem family being able to achieve selection for a grammar school.

The State compels attendance at school, but not necessarily at a grammar school, and there is a reciprocal obligation to ensure that children so compelled are subject to no avoidable risks. The protective aspect of this work escapes the notice of those who desire a change to ensure equality of treatment as between the two types of school. Critics must surely be unaware that surveillance in this field is not limited to State schools, and lose sight of the fact that once inspections are suspended it would be very difficult indeed to re-introduce them without much heartburning. It would be equally invidious to abandon inspection in those schools with an enviably high reputation for cleanliness, and while one school requires this kind of oversight it must clearly be applied to all.

Anything which would reduce the commitments of the health visitor and school nurse is deserving of consideration. If it can be shown that the amount of time spent on cleanliness inspections could be reduced without risk of a regression in hygienic standards and without impairment of the secondary advantages of the present system, it is clearly desirable that alternative suggestions should receive close and impartial examination, but we should not lose sight of the fact that it is because the present system has been so successful in reducing the incidence of infestation that the need for its continuance is less obvious than in the past.

5. CONVALESCENT TREATMENT.

Convalescent treatment for schoolchildren is provided free of charge to parents by the Education Authority. The number of recommendations from medical practitioners varies in accordance with the prevalence of illness, and this year only nine applications were received. It is, of course, to be expected that in a health resort like Southend the need to send children away for convalescence would arise less frequently than in an intensively industrial area, but it is satisfactory to note that there is no tendency to abuse this service.

6. DENTAL TREATMENT.

Mr. E. C. Austen, Principal School Dental Officer writes:

"At the commencement of 1955 the dental staff consisted of two full-time dental officers and one part-time, giving the equivalent of 2 5/11 dental officers. In April, Mr. Ballantyne, one of the full-time dental officers, resigned, and for the rest of the year it was not possible to replace him. Despite this it was still possible to give routine dental inspection to 8,324 school-children and also dental inspection to 2,321 'specials', giving a grand total of 10,645.

The Leigh Clinic was closed for two months during the summer but re-opened in September for five sessions per week, and continues its popularity with parents in that area.

One significant fact arises from the routine dental inspection at schools, namely, that the volume of conservative treatment undertaken for children by private practitioners in the National Health Service scheme increases year by year. Thus it is not found necessary to refer for treatment such a high percentage of children as was found necessary a few years ago.

The amount of conservative work undertaken by the School Dental Officers showed a sharp decline on the previous year; 3,972 fillings were inserted as against 6,418 in 1954. This is accounted for by the loss of the full-time dentist and also that the staff remaining had to treat nearly as many 'specials' - 2,321 in 1955 as against 2,662 in 1954. Scholars provided with dentures and crowns totalled 25 and 10 respectively. Dental treatment under-taken on behalf of the maternity and child welfare service was kept as low as possible, as it was felt that the school dental service must have prior claim to the services of the staff remaining".

Orthodontic Treatment.

In July the Ministry of Education issued Circular 288 dealing with orthodontic treatment and at the same time a Memorandum H.M. (55) 67 on this subject was sent to hospital authorities by the Ministry of Health. Reporting on these documents the Principal School Medical Officer said:-

> "The circular issued by the Ministry of Education refers to the duty of a Local Education Authority to provide a comprehensive system of free dental treatment either through the School Dental Service or by reference of children for treatment to the Hospital Service. Facilities for orthodontic treatment are to be developed as quickly as other circumstances permit, but not at the expense of ordinary conservative treatment.
>
> Reference is made to arrangements already operating in some areas whereby cases of moderate complexity are referred to a specialist orthodontist who prescribes courses of treatment to be carried out under his supervision by the School Dental Service. Authorities generally are now to consider how treatment for complex cases can be provided, whether by school dental officers with special experience, by orthodontists employed by the authority, or through the hospital service.

They are to review their existing arrangements, formulate their requirements, and then to inform Regional Hospital Boards whether or not they require assistance.

Since the return from war service of Mr. Austen the School Dental Service has provided orthodontic treatment for simple or moderately complex conditions. About 100 children have been dealt with each year with generally satisfactory results. Great efforts have been made to maintain this work in spite of other demands for treatment but it is not feasible further to expand it while the present staffing difficulties obtain. The facilities, which it is hoped to continue, are much esteemed by careful and intelligent parents.

Mr. Austen's experience is, of course, very extensive and it is only rarely that specialist orthodontist advice is needed.

Many years ago arrangements were made with a London Hospital for reference of cases of difficulty to its Orthodontic Department and to continue interim treatment locally. Only occasional recourse to this arrangement has been necessary.

As far as the School Dental Service is concerned the position can be summarised thus:

As much orthodontic treatment as can reasonably be provided by your existing staff is already arranged. Your Principal School Dental Officer has considerable experience in this work and it is but infrequently that he requires further advice. By reason of his association with the local hospital service, X-ray and other examinations are readily available. While Mr. Austen remains in your service there would appear to be little reason to ask the Hospital Board to make specialist provision for orthodontic treatment.

It has to be borne in mind, however, that the School Dental Service treats only children in attendance at provided schools, of whom a substantial proportion seeks dental treatment through the Local Executive Council. It may well be, therefore, that dentists in private practice might desire a strengthening of local orthodontic facilities. It is, therefore, suggested that before the Education Committee takes any final decision in this matter there should be informal discussions with the local dental profession".

The local dental profession expressed itself as being in favour of the provision in Southend of specialist orthodontic facilities and the Education Committee was pleased to support the appropriate recommendation to the Hospital Management Committee and the Regional Hospital Board.

Through his membership of the Local Executive Council the Principal School Medical Officer ascertained that from time to time that body received applications from dentists for approval to their withdrawal from the treatment of particular patients. Quite a substantial proportion of these are children for whom orthodontic work has been begun, and where there is subsequently failure to co-operate with the practitioner. The expense to the National Health Service is considerable, the claims are most commonly in the region of £10, but much larger sums are occasionally involved. The dental representatives on the Executive Council were informed that if their colleagues embarked upon dental treatment for a school child and then experienced difficulty in securing proper co operation from the parents, the school health service would arrange for a health visitor and school nurse to make a follow-up visit and ascertain the reasons for non-attendance.

7. EYE CLINIC.

This clinic, which is the responsibility of the Regional Hospital Board, continued to be held on the school clinic premises for five sessions a fortnight. The number of children who attended the clinic was 958, compared with 1170 last year and 1315 in 1953. This progressive decline may be due in part to a greater tendency on the part of parents to seek advice from independent opticians, but it also reflects increasingly the policy of the consultant ophthalmologist to encourage the referral of squints and all cases other than refractions to the hospital out-patients department.

Prior to the National Health Service Act, children who were provided with glasses at the expense of the Education Committee were required to produce them at the eye clinic for verification of the prescription by the ophthalmic surgeon. This can no longer be enforced, and for some years the figure in Table IV Group 2 showing the number of pupils for whom spectacles were obtained has been manifestly incomplete. It has therefore ceased to be of any real statistical value and is to be omitted from the Ministry's requirements next year.

In May, at the request of the Hospital Management Committee, the authority made available accommodation for dispensing opticians to attend the eye clinic sessions.

Besides providing convenient facilities for parents this arrangement has the advantage that accurate information is available of the number of children who obtain glasses from this source, and the glasses can be checked by the ophthalmologist if desired when the child attends to receive them. Parents are however free to have the ophthalmic surgeon's prescription dispensed independently by the optician of their choice.

The retirement of Dr. G. Foster-Smith, who had conducted refraction clinics since the inception of the supplementary ophthalmic services scheme, was a source of regret to all his friends and colleagues. He was succeeded in July by Dr. Dench.

8. ORTHOPTIC CLINIC.

This is also a Regional Hospital Board Clinic held on the local authority's premises, and as such it is open to children from any part of the local hospital's catchment area, which includes a large part of South East Essex. With the exception of a period of temporary arrangements due to change of staff, the clinic was open for seven sessions a week, and 176 children from the County Borough were treated, compared with 201 in the previous year.

9. DISEASES OF THE EAR, NOSE AND THROAT.

Specialist advice and in-patient treatment are provided at Southend General Hospital; the education authority provides no special clinic. The number of children who are known to have received operative treatment for enlarged tonsils and adenoids was 415, compared with 653 in 1954, when the hospital made special efforts to overcome arrears. These figures represent children referred to the consultant surgeon from all sources, and only 200 children seen at routine and special inspections were considered by the school medical officers to require treatment for these conditions.

The need for special provision for partially deaf children was referred to at some length in last year's report. The early ascertainment of children with hearing defects is facilitated by the integration of the school health service with the services of the local health authority. Children with suspected hearing defects are referred for audiological investigation to special clinics in London, principally the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, and the Authority assists in the payment of travelling expenses where necessary, both for diagnostic consultations and for periodical attendances for auditory training. The school medical officers carry out preliminary investigations, including pure-tone audiometry, on children referred from medical inspections or by other agencies such as the speech therapy clinic, the school psychological service, head teachers and school nurses.

Children requiring specialist treatment of hearing defects are dealt with either at the special clinics referred to above or at the out-patient department of Southend General Hospital, which also provides audiometric facilities and a service for the maintenance of hearing aids under the National Health Service. The authority from time to time purchases special commercial hearing aids for children, on the recommendation of a consultant otologist.

There are at present no special educational facilities for partially deaf children who do not require to attend a special school. In June the Committee agreed in principle a proposal to establish a special unit for the partially deaf in a primary school when suitable accommodation becomes available. As, however, there is likely to be some delay before this unit can be established, it was decided to proceed with the appointment next year of a peripatetic teacher of the partially deaf so that at least a beginning can be made in this much needed development.

10. ORTHOPAEDIC DEFECTS.

No special clinic is held on the local authority's premises, but the consultant orthopaedic surgeon continues to hold a quarterly follow-up clinic at the hospital for children referred through the school health service and the welfare services of the local health authority. Apart from this, children with orthopaedic defects are dealt with through the ordinary hospital out-patient arrangements. This year 306 children are known to have attended as out-patients, compared with 102 last year. The difference between these two figures probably represents fuller information received from the hospital, rather than a substantial increase in numbers, although it is known that the consultant surgeon has made a special effort to overcome arrears and reduce the waiting period for appointments in the orthopaedic department.

The incidence of serious orthopaedic defects such as congenital deformities and cerebral palsy is probably fairly static and the increased prevalence of poliomyelitis since 1947 has of course, brought its own problems. Judging from the returns of defects found at school medical inspections however, minor orthopaedic defects seem to be less prevalent than they were some years ago. The decline in postural defects may be attributed partly to improved nutrition and partly to the greater attention paid to physical education in the schools. The decline in recorded instances of flat foot however, while partly due to early recognition and treatment in the infant welfare clinics, should perhaps be largely assigned to more accurate recognition of what constitutes a pathological flat foot in a growing child.

11. SPEECH THERAPY CLINIC.

The speech therapist works single handed, and is indeed the only therapist in the town, her services being shared with the Hospital Management Committee. Working in isolation from one's professional colleagues has disadvantages, but these are to some extent offset by the close association with the Child Guidance Clinic in the same premises and the ease of access to the school medical officers and to the consultant paediatrician at the hospital.

With the exception of the month of August the clinic was open throughout the year.

Diagnosis	*Boys*	*Girls*	*Total*
Dyslalia	40	9	49
Stammer	31	6	37
Dysarthria ...	1	-	1
Cleft Palate ...	4	4	8
Delayed Speech ...	4	5	9
Cerebral Palsy ...	1	5	6
Disorders of Voice	3	1	4
	84	30	114

12. CHILD GUIDANCE CLINIC.

There was no change in the organisation of this clinic as described previously. Child guidance work is essentially team work, and we have been fortunate in that, for several years now, the three professional posts of psychiatrist, educational psychologist and psychiatric social worker have remained without change of personnel. The advice and help of the clinic team is widely appreciated not only by parents and the school medical officers, but by head teachers, probation officers, the Justices of the Juvenile Court and all agencies concerned with the welfare of children.

The organisation of the clinic follows closely the recommendations of the Committee on Maladjusted Children, whose report was published by the Ministry of Education in October, 1955. The clinic is not restricted to pupils attending the authority's schools, a liberal attitude is adopted concerning references from teachers, health visitors, and similar agencies, and general practitioners are making increasing use of it. With its limited resources the clinic has to aim at making its services useful to as many children as possible. This means that a considerable portion of its efforts is directed towards diagnosis and the treatment of situations which are remediable by co-operation with the home and the school. The counselling of parents is perhaps its most important and productive field. Some degree of selectivity is essential to enable the clinic to function usefully and to keep the waiting list within manageable proportions. It is necessary to recognise that the scope of a child guidance clinic within the educational system is limited and that facilities for the deeper and more intensive types of psychotherapy are best provided elsewhere, if the clinic is not to be over burdened with unproductive and time-consuming cases to the exclusion of a greater number of children whose problems are more readily susceptible of amelioration at child guidance clinic level.

From time to time great concern has been occasioned by the lack of adequate hospital facilities for children who are so gravely disturbed as to require in-patient treatment, and it is to be hoped that by some degree of co-operation between the four Metropolitan Regional Hospital Boards, this small but important deficiency will be repaired.

The following table shows a summary of the work done at the clinic during the year:-

CHILD GUIDANCE CLINIC.

Part Time Psychiatrist:

Interviews with children	585
Interviews with parents	499
Interviews with Head Teachers, Probation Officers and other agencies	59

Psychiatric Social Worker:

Interviews with parents	608
Interviews with children	227
Visits to schools	2
Home Visits	283
Visits - other agencies (e.g.Probation Officers)	329

Educational Psychologist:

Interviews with children at clinic	821
Interviews with children at school	363 *
Interviews with parents	436
Interviews with Head Teachers...	274
Interviews with Probation Officers and other agencies	21

* includes 32 group-tests.

The following tables show the sources of referral in the 143 cases referred to the clinic during the year, and the age range of the children concerned.

Sources of Referral	*Boys*	*Girls*	*Total*
Parents	9	3	12
Principal School Medical Officer	14	3	17
Probation Officers/Juvenile Court	6	-	6
Private Doctors	40	19	59
Speech Therapist	-	1	1
Other Agencies	7	1	8
Medical Officers (S.G.H.) ...	2	2	4
Educational Psychologist ...	27	9	36
	105	38	143

Age Range			
Under 5 years	7	5	12
5 - 7 years	25	9	34
8 -10 years	35	12	47
11 -13 years	29	6	35
14 -16 years	9	6	15
16 + ...	-	-	-
	105	38	143

FOLLOWING-UP AND WORK OF NURSES.

It is the endearing custom of some who enjoy animadversion upon the shortcomings of public servants to complain impartially of the inadequacy of a service when they want it, and of the

intrusion upon their privacy by "hordes of officials" when they do not. There is a surprising ignorance of the status and functions of the health visitor and school nurse, sometimes in circles which might be expected to be better informed. She is at the same time a specialist nurse with a higher qualification, and the "general practitioner" of public health. The range of her duties is wider than that of any other officer concerned with the welfare services of the community. Such is the complexity of these services today that it does happen, not infrequently, that a family requires the help or the intervention of several agencies simultaneously Where specialist services are concerned some duplication of visiting is unavoidable, but where it is possible to co-ordinate the activities involved, it is usually the health visitor who is chosen as the medium of contact between the local authority and the public. Her association with the families in her district starts with the expectant mother and extends to the infant, the toddler, the school child, the handicapped adult and the aged.

Her work for the school child, even when viewed in isolation, still covers a wide field of advice and help, including personal and environmental hygiene both in the school and the home, the control of infectious diseases, the implementation of advice given by the school doctor by follow-up visits to the home, and the widening range of health education, to which reference has been made in previous reports.

When, as during the year under review, the staff of health visitors and school nurses is below strength, some of their less urgent work has of necessity to be left undone, and this usually means that less time can be devoted to the activities described collectively by the rather clumsy phrase "follow-up". There is of course a normal variation in the volume of this work, depending upon the prevalence of infectious and other diseases, but it is a matter of some regret that it was only possible to make 1614 visits this year, compared with 2164 last year and 3232 in 1953.

The following table shows the follow-up visits made by the nurses during the year

	No. of Children	*No. of Visits*
Enlarged tonsils, adenoids or mouth-breathing	79	78
Squint or defective vision...	142	143
Deformities...	17	18
Verminous conditions ...	127	124
Infectious diseases ...	392	475
Contagious skin diseases ... (Impetigo, Scabies Ringworm)	22	17
Malnutrition, neglect etc ...	20	24
Defective teeth	12	12
Tuberculosis	5	5
Other conditions, e.g. ... Blepharitis, Bronchitis, Otorrhoea, etc.	698	718
Total	1,514	1,614

HANDICAPPED PUPILS.

Public concern for the welfare of handicapped pupils continues to grow, and this is wholly beneficial so long as it is not assumed that enthusiasm is a substitute for knowledge. It is easier to decide that "something should be done" than to say what ought to be done. Even where a need is clear, such as the provision of special schools for certain kinds of handicap, the lack of accurate knowledge of the true incidence of these conditions makes it difficult to estimate its extent.

This may seem surprising to those who are unfamiliar with the problems involved. Surely a spastic child, for instance, must come to the notice of the authorities? But some spastic children are ineducable; some are so lightly handicapped as not to require special educational treatment; some suffer from an additional handicap, such as deafness, epilepsy or mental defect, which may be more important than their cerebral palsy; some migrate and are lost to sight until they are ascertained to be living in some other area.

For these and other reasons it is difficult to be sure that our ascertainment of the major types of handicap is really complete. This applies with at least equal force to national estimates of incidence and it is not surprising that special investigations in selected areas usually reveal slightly higher figures than those deduced from collected information which is more readily available. Thus, an investigation into the incidence of cerebral palsy and epilepsy in Dundee, published in January, 1955 in the Health Bulletin issued by the Chief Medical Officer of the Department of Health for Scotland, gives rates of 1.87 and 1.67 respectively, per 1000 educable children of school age, compared with previous estimates of about 1.2 per 1000 in each case.

There was no major development in the arrangements for handicapped pupils this year, although as is shown in the next section of this report, improvements in the provision for educationally subnormal and delicate and physically handicapped pupils were well advanced by the end of the year. When these are completed, the number of day special school places for these categories should be sufficient for some time to come. The next most urgent need is special provision for the partially deaf, to which reference is made elsewhere in this report.

The selection of children for admission to special schools should not be made lightly. Except where some positive good is to be expected from special school education, modern opinion is against the segregation of handicapped pupils. They must learn

to live with their disability in a world of normal people. Although there will always be some who need a protected environment and specialised methods of teaching, there are others who can quite suitably remain in an ordinary school with some modification of the curriculum, provided their difficulties are understood and sympathetically accepted. Many of the less seriously partially deaf are in this category, as also are the majority of epileptics if their fits can be controlled by medication. Some physically handicapped children are also better left in ordinary schools, notably those with heart disease. The British Council for Rehabilitation set up a Working Party on cardiac problems in 1953, and their report published this year contains the following statement:

> "The Committee strongly condemned the too prevalent idea that the ambulant child with heart disease is a suitable case for transfer to a special school or hospital where physically defective children are cared for. They recommend that the large majority of children with valvular heart disease should attend ordinary schools and they urge a more realistic attitude by the teacher to this recommendation. In regard to physical activities to be followed by the child-patient during school years, playtime, healthy games and modified drill may be permitted, while ambition to excel at games should be discouraged and competitive games disallowed. A complete segregation of these young patients from other children is unwarranted, and on the grounds of the great harm it can do, the procedure is to be deprecated."

There was no change in the administrative arrangements for the ascertainment of handicapped pupils, with the exception of the blind and partially sighted. Administrative Memorandum No. 493, issued in March, 1955, together with Circular 4/55 of the Ministry of Health, deals with the certification of blindness and partial sight. The ascertainment of pupils in these categories has in this area always been delegated to the consultant ophthalmologist, and this is now made mandatory. Form B.D.8 which is used for the certification of adults for admission to the Blind Register as well as children, has been modified so that in the case of persons under sixteen the certificate has been replaced by a recommendation regarding the type of education for which the pupil is considered suitable. The decision rests with the local education authority, who are required to take into account all relevant factors such as the child's intelligence, attainments and progress, and the facilities available both in ordinary and special schools, as well as the medical report on the extent of his handicap.

Reference has been made previously to the treatment of asthmatic children at Kindersanatorium pro Juventute, Davos. The first five children returned home in March, 1955 after eighteen months in Switzerland. With one exception, they had been remarkably free from asthma during their stay abroad, although all were severe, intractable cases which had failed to respond to treatment in England. They were examined on their return, in consultation with Dr. R. H. Dobbs who is one of the medical advisers to the Trustees of the Alexandra Fund, and they have been followed-up periodically since. Immediately on return they were all in good physical condition although the one child who had continued to have frequent asthma in Switzerland had evidence of this on examination. Four months after return they had all had some recurrence of asthma, although three were still definitely better than before they went away. The general conclusion at this time was that the results were rather disappointing although there was evidence of some benefit. They were reviewed again after a year, in March, 1956, when the picture was much more encouraging. The one child who has proved resistant throughout, shows no real improvement, but the other four are all much better than before they went to Switzerland, and though not entirely free of asthma have made better progress than would have been expected from the natural tendency of asthma, in childhood, to improve with the passage of time.

From our limited experience so far it is felt that this experiment has been well worth while, It is not claimed that children who spend a period in Switzerland will not relapse on returning home, but only that if they can be kept free of asthma long enough some of the improvement may be permanent and structural changes in the lungs and chest wall may be prevented.

No review of handicapped pupils would be complete without some reference to the work of the teacher for home tuition. A few of the children whom she teaches are, from the educational point of view, normal children suffering from some lengthy but temporary disablement, but the majority are grossly handicapped children who are unlikely to be fit for school attendance. Although their measurable achievements are slight, the results in terms of encouragement, interest and comfort to the parents, are of outstanding value.

SPECIAL SCHOOLS.

ST. CHRISTOPHER'S SCHOOL.

The provision of special school accommodation for educationally subnormal pupils has always been something of a "Cinderella". The school was first started in 1906, in premises in Queens Road. Provision was made for a total of 40 children, which was described

Handicapped Pupils	*(1) Blind (2) Partially sighted.*		*(3) Deaf (4) Partially Deaf.*		*(5) Delicate (6) Physically Handicapped.*		*(7) Educationally sub-normal (8) Maladjusted.*		*(9) Epileptic*	*TOTAL (1) - (9)*
	(1)	*(2)*	*(3)*	*(4)*	*(5)*	*(6)*	*(7)*	*(8)*	*(9)*	*(10)*
In the year ended 31st December, 1955:-										
A. Newly placed in Special Schools	2	1	-	-	37	6	9	1	-	56
B. Newly ascertained as requiring special schooling	-	3	1	2	36	8	24	1	-	75
On 31st January, 1956:-										
C. (i) Attending Special Schools.										
(a) Day	-	1	1	-	81	20	44	-	-	147
(b) Boarding	4	6	5	8	2	4	6	3	2	40
(ii) Attending Independent Schools	1	-	1	2	-	-	3	2	-	9
(iii) In Boarding Homes	-	-	-	-	1	-	-	-	-	1
TOTAL	5	7	7	10	84	24	53	5	2	197
D. Receiving Education otherwise than at School.										
(i) In Hospital	-	-	-	-	7	2	-	-	-	9
(ii) In Other Groups	-	-	-	-	1	-	-	-	-	1
(iii) At Home	-	-	-	-	2	7	-	-	-	9
E. Requiring Places in Special Schools.										
(i) Day	-	-	-	-	1	-	27	-	-	28
(ii) Boarding	1	3	-	1	1	7	2	-	-	15

in the Annual Report of the School Medical Officer for the year 1920 as "totally inadequate for the number of children who require special instruction." In February 1936 it moved to the premises in Great Eastern Avenue formerly occupied by the School Clinic, which were recognised as being of an essentially temporary structure and incapable of satisfactory enlargement. The number of places provided remained at 40 until 1954 when a third class was added. The increase in the population of the Borough and the development of the school psychological service served to emphasise the extent to which the available special school provision fell short of the demand, but the difficulties of the war and post-war period made it necessary to postpone effective action long after the need for it was recognised. It is therefore gratifying to record that this year saw the commencement of work on the site of the new school of 120 places, which is expected to be completed in 1956.

The following table shows the number of children maintained in residential special schools not provided by the Authority.

BLIND AND PARTIALLY SIGHTED.

	Boys	*Girls*
West of England School for the Partially Sighted	1	2
Dorton House, Aylesbury	2	2
Worcester College	1	-
Blatchington Court School for Partially Sighted Boys	3	-
John Capel Hanbury Hospital Home	-	1
Sunshine House, Leamington Spa	-	1
John Aird Day Special School (L.C.C.) ...	1	-

DEAF AND PARTIALLY DEAF.

	Boys	*Girls*
Royal School for the Deaf, Margate	4	-
Royal Institution for the Deaf, Derby ...	-	1
Brighton School for the Partially Deaf ...	4	2
Beverley School for the Deaf (Boarded out; to attend as Day Pupil)	1	-
Tewin Water, Herts...	1	-
Donnington Lodge for the Deaf	-	1
St. Thomas's, Basingstoke	-	1
Needwood School for the Partially Deaf ...	1	1
Mrs. Ingall's, Woodford Green	-	3

EDUCATIONALLY SUBNORMAL.

	Boys	*Girls*
Hassobury	-	1
East Hill House	2	-
Littleton House, Girton	1	-
Ramsden Hall	1	-
Sheiling Curative School	1	-
Salmons Cross	1	-
Besford Court	2	-
Allerton Priory R.C.	-	1
St. Joseph's, Cranleigh	1	-

PHYSICALLY DEFECTIVE AND DELICATE.

	Boys	Girls
Palace School, Ely	-	1
Hinwick Hall, Wellingborough	2	-
St. Catharine's Home, Ventnor	1	-
St. Monica's Home, Kingsdown	-	1
Ogilvie School of Recovery	-	1
St. Dominic's Open Air School	1	-
Puckle Hill House School	1	-
Hurst Lea School, Kingsgate	1	-
Hamilton House	1	-
Moor House, Oxted	1	-

EPILEPTIC

	Boys	Girls
Colthurst House	1	-
Chalfont Colony	-	1
Lingfield	1	-

MALADJUSTED

	Boys	Girls
St. Catharine's Home, Almondsbury	1	-
Nazeing Park School	-	1
Chaigeley School	1	-
Farney Close School	1	-
Monkton Wyld	-	1
Alresford Place	-	1
Rudolf School, Dulwich	-	1
Epping House	1	-

DAY OPEN AIR SCHOOL.

This School provides 120 places for delicate and physically handicapped pupils and continues to serve a very useful purpose, despite the structural handicaps to which reference was made last year. The proposals for modernising and enlarging the school were carried a stage further by the preliminary approval of a plan submitted by the Borough Architect which provides for adaptation of the rest sheds as general utility rooms with movable glass screens, the enlargement of the kitchen and the provision of new toilet accommodation adjacent to the classrooms, as an alternative to covered was linking the various buildings. The full development of the scheme would also involve the displacement of the Nursery Class which occupies one rest shed and a classroom. This is structurally integral with the school hall and required for enlargement so as to provide adequate dining and assembly space.

Owing to the restrictions on school building programmes, it appears likely that some delay in the completion of these proposals will have to be accepted, but it is hoped to make a start with the conversion of the rest sheds, which would at least go some way towards relieving the more urgent problems of accommodation.

These difficulties are further emphasised by the proposal to provide facilities for physiotherapy at the school, commencing in January, 1956. Until the alterations to the rest sheds are completed there is nowhere for the physiotherapist to give

individual treatment except in the shower room, which has already to be used partly for stores.

The need for physiotherapy is, broadly, twofold. There is a large number of children suffering from asthma and other respiratory diseases who require breathing exercises and a few, postural drainage. Secondly there is the group of physically handicapped children, of whom those with cerebral palsy form the majority, who require specialised individual treatment. Most of these children are patients of the consultant paediatrician Dr. R.H. Dobbs, and they have hitherto been taken over to Southend General Hospital once or twice a week for physiotherapy. This inevitably involved considerable loss of school time as well as absorbing the time of the children's attendant who acted as escort. Reference was made in last year's report to the authority's proposal to employ a physiotherapist part-time, in conjunction with the Hospital Management Committee. It was the intention of the latter body to increase their provision for physiotherapy for children and to create special facilities for the treatment of cerebral palsy, in association with a new consultative out-patient clinic for this condition. Miss M.Putnam, M.C.S.P., was appointed to the hospital's staff and seconded for a period of special training in the treatment of cerebral palsy prior to taking up her duties in January, 1956. The Management Committee agreed to make her services available to the Education Authority on four sessions a week, to undertake the treatment of children in the Open Air School.

The School continues to be very popular both with parents and children. It has a solid nucleus of permanently handicapped pupils who are likely to remain there throughout their school life, and a larger number who are able, after varying periods, to return to ordinary schools. It is common to find that the decision to discharge a child from the Open Air School is received with regret, only partly compensated by satisfaction in the knowledge that his health has improved sufficiently to permit it.

The school medical officer visits the school once a week, examining a number of children on each occasion, so that each child is examined at least once a term, and many more frequently. Dr. Dobbs, paediatric adviser to the school, visits periodically and frequently sees individual children in the out-patient department of the hospital for consultation or re-assessment at the request of the school medical officer.

The school draws its population from all over the Borough, and many of the children are too young or too seriously handicapped to travel by public transport. Two special buses, one for

the eastern half of the town and one for the western, collect the children from convenient picking-up points near their homes, to which they are returned at the end of the afternoon session.

The following table shows an analysis of the medical condition of the 162 children who were in attendance during the year:-

	Boys	*Girls*
Asthma	32	18
Bronchiectasis	5	6
Recurrent Respiratory Infections	24	13
Recovered Pulmonary Tuberculosis	5	3
Recovered Tuberculous Hip	-	1
Tuberculous Pericarditis	1	-
Recovered Tuberculous Meningitis	-	1
Tuberculosis Contacts	3	1
Cerebral Palsy	4	8
Lipodystrophy	-	1
Post-Poliomyelitis	1	2
Pseudo-hypertrophic Muscular Dystrophy	1	-
Amyotonia Congenita	-	1
Rheumatic Carditis	1	1
Sub-acute Rheumatism	-	1
Congenital Heart Disease	2	1
Congenital Dislocation of Hip	-	1
Arthritis of Hip	1	1
Hypothyroidism	-	1
General Debility	9	7
Spina Bifida	1	-
Diabetes Mellitus	1	-
Cervical Adenitis	1	-
Talipes	1	-
Fragilitas Ossium	1	-
	94	68

NURSERY CLASSES.

The two classes at Bournemouth Park Primary School and the Open Air School were continued and no special medical problems were encountered It is only possible to take children over three years and even so there is a waiting list at both schools. The accommodation at the Open Air School is needed to permit extension of the school hall and to release the eastern rest shed for the use of handicapped pupils, but the nursery class serves a very useful purpose and it would be unfortunate if it had to be discontinued altogether

The headmistresses have, as always, been most sympathetic and helpful in trying to find room for children recommended by the school medical officers or the child guidance clinic on account of special circumstances, whether personal or domestic.

TRAINING OF DISABLED PERSONS.

The arrangements for the medical supervision of disabled students undertaking courses of training at the Municipal College have been described previously.

In appropriate cases the authority provides further education at residential colleges for the disabled. In the past this has applied more particularly to the blind, although individual cases of other physical handicaps have from time to time been assisted. The Youth Employment Service also advises applicants about the facilities for vocational training courses under the Ministry of Labour and National Service.

The classes in elementary reading and writing for adult backward readers were again a valued feature of the evening courses at the Municipal College, and the Committee's speech therapist continued to conduct lip reading classes for the hard-of-hearing, in the absence of a trained teacher of this subject.

EMPLOYMENT OF SCHOOL CHILDREN.

Children over the age of thirteen are permitted to engage in employment outside school hours, subject to medical examination.

The examination serves a useful purpose, although it is only rarely necessary to advise against employment, because conscientious parents of children in poor health do not encourage them to seek employment. The number of children examined this year was 534, of whom 443 were boys and 91 girls. In addition 9 girls were examined for temporary theatrical licences.

YOUTH EMPLOYMENT SERVICE.

The close co-operation with the Youth Employment Officer, which has been described previously, was again found mutually helpful. It is only in a minority of cases that it is thought advisable to recommend any restriction on choice of employment for a child leaving school, and then it is usually found that he is not seeking to enter one of the interdicted types of work. Perhaps the commonest conditions in which recommendations are made are epilepsy, major or minor, and asthma.

The other sphere in which the help of the Youth Employment Service is most valuable to the school medical officer is the placing of handicapped pupils in employment. This is sometimes a matter of very great difficulty, particularly in a town like Southend where there is relatively little sedentary "factory bench" type of work, and a great deal of seasonal employment, which means that the inefficient worker, whether from physical handicap or mental subnormality, is the first to become redundant.

SCHOOL HYGIENE.

In general the hygiene conditions, both in the schools and in the kitchens of the school meals service, are satisfactory.

There are still some of the older schools with outdoor toilet facilities in the playground. Apart from inconvenience of access in bad weather, these are open to objection because they are sited some distance from the wash basins, and they are also more likely to be affected by frost. It is hoped that they will eventually be replaced by modern indoor conveniences as the Committee's policy of building developments progresses.

The use of roller towels in the wash rooms is not without its dangers, particularly when sonne dysentery is almost endemic in the community. The increasing emphasis which is rightly placed on regular washing of the hands after using the toilet and before meals demands an acceptable alternative. Until this is found, towels should be changed as frequently as necessary and not in accordance with some arbitrary and universal arrangement.

INFECTIOUS DISEASES.

There was no unusual outbreak of infectious disease this year. Apart from the normal seasonal prevalence of the common infectious diseases of childhood the only noteworthy feature was the continued high incidence of mild scarlet fever. Comment has been made on previous occasions about the increasing frequency of multiple cases in families since the mildness of the disease has led to laxity of isolation.

The tide of opinion is running against those who favour isolation of patients and exclusion of contacts in scarlet fever, and the loss of school time involved in these procedures is frequently invoked as an argument for their abandonment. Whether any substantial saving of school time is effected by having three children off school successively for one week each instead of one child off school for three weeks, is perhaps debatable. What is certain however, is that not only are multiple cases in the same household commoner than in the past, but evidence of school spread, in the form of multiple cases in the same class, is more frequent. The importance of this lies not so much in the incidence of scarlet fever itself, as in its role in maintaining the reservoir of streptococcal infection in the community, and thus contributing to the prevalence of the more serious manifestations such as nephritis and otitis media. Nephritis in particular has become a very common disease in the children's ward at Southend General Hospital, but although a history of sore throat is frequently elicited, a small scale enquiry failed to demonstrate a significant direct association with cases of notified scarlet fever.

Tuberculin test surveys were again carried out among the class contacts of children found to be suffering from tuberculosis. This procedure is adopted either when the source of infection of the first case cannot be found, or where the patient may possibly have been infective to others. Mantoux test surveys were undertaken at Fairfax High School, Shoebury High School, and Southend High School for Girls, and Tuberculin Jelly patch test surveys at Chalkwell Infant School and the nursery class at the Open Air School. Positive reactors were offered X-ray examination at Lancaster House Chest Clinic, but no active focus of infection was found.

Tuberculin testing and B.C.G. vaccination was offered to all children aged thirteen and a half years during the spring and autumn terms, and we are again indebted to the Head Teachers of all the secondary schools for their invaluable help in the administrative arrangements for obtaining parental consent, and for their co-operation in ensuring the smooth running of a complicated programme in the course of which 1,072 children were vaccinated.

No serious complications were encountered. Children who reacted positively to the tuberculin test were offered X-ray examination, through the courtesy of the Consultant Chest Physician, Dr. E.G. Sita Lumsden, whose enthusiastic support and advice is gratefully acknowledged.

PRIMARY AND SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS:- YEAR ENDED 31ST DECEMBER, 1955.

TABLE I

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:-

Entrants	... ...	1,589
Second Age Group	...	1,370
Third Age Group	...	1,749
Number of other Periodic Inspections	...	-
	Total	4,708

B. OTHER INSPECTIONS.

Number of Special Inspections	6,029
Number of Re-Inspections ...	7,050
Total	13,079

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group	*For defective vision (excluding squint)*	*For any of the other conditions recorded in Table IIA*	*Total individual pupils*
(1)	*(2)*	*(3)*	*(4)*
Entrants ...	18	98	116
Second Age Group	49	90	137
Third Age Group	84	128	209
Other Periodic Inspections	-	-	-
Grand Total	151	316	462

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1955.

Defect Code No.	Defect or Disease	Periodic Inspections — No. of defects		Special Inspections — No. of defects	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	112	70	182	14
5	Eyes - (a) Vision...	151	362	1038	25
	(b) Squint...	10	64	11	3
	(c) Other ...	43	3	139	23
6	Ears - (a) Hearing	9	26	24	6
	(b) Otitis Media	3	-	37	8
	(c) Other ...	1	-	64	1
7	Nose or Throat ...	41	269	159	36
8	Speech	7	21	8	3
9	Cervical Glands ...	-	26	20	5
10	Heart and Circulation	-	22	-	-
11	Lungs	-	154	16	9
12	Developmental:-				
	(a) Hernia ...	2	12	2	-
	(b) Other ...	6	82	2	2
13	Orthopaedic:-				
	(a) Posture ...	1	56	5	2
	(b) Flat foot ...	1	33	12	2
	(c) Other ...	17	80	45	2
14	Nervous system:-				
	(a) Epilepsy ...	-	14	1	1
	(b) Other ...	-	46	8	5
15	Psychological:-				
	(a) Development	2	10	4	1
	(b) Stability	-	46	211	6
16	Other	28	147	925	242

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	1589	597	37.6	987	62.1	5	0.3
Second Age Group ...	1370	533	38.9	836	61.0	1	0.1
Third Age Group ...	1749	532	30.4	1217	69.6	0	0.0
Other Periodic Inspections	-	-	-	-	-	-	-
Total	4708	1662	35.3	3040	64.6	6	0.1

TABLE III

INFESTATION WITH VERMIN

(I) Total number of examinations in the schools by school nurses or other authorised persons ...	51,618
(II) Total number of individual pupils found to be infested	44

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Notes:- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I - DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	By the Authority	*Otherwise*
Ringworm - (i) Scalp ...	-	-
(ii) Body ...	4	1
Scabies	9	-
Impetigo	47	3
Other skin diseases ...	314	24
Total	374	28

GROUP 2 - EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	*Otherwise*
External and other, excluding errors of refraction and squint	118	24
Errors of refraction (including squint)	840 *	67
Total	958	91
Number of pupils for whom spectacles were		
(a) Prescribed ...	423 *	1
(b) Obtained ...	169 *	1

* *Including cases dealt with under arrangements with Supplementary Ophthalmic Services.*

GROUP 3 - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	*Otherwise*
Received operative treatment		
(a) for diseases of the ear ...	-	11
(b) for adenoids and chronic tonsillitis ...	-	415
(c) for other nose and throat conditions ...	-	7
Received other forms of treatment	125	17
Total	125	450

GROUP 4 - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals ...		32
	By the Authority	*Otherwise*
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...		306

GROUP 5 - CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	*Elsewhere*
Number of pupils treated at Child Guidance Clinics ...	207	-

GROUP 6 - SPEECH THERAPY

	Number of cases treated	
	By the Authority	*Otherwise*
Number of pupils treated by Speech Therapist ...	114	-

GROUP 7 - OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	*Otherwise*
(a) Miscellaneous minor ailments ...	603	1494
(b) Orthoptic treatment ...	-	176

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:-		
	(a) Periodic age groups	8,324
	(b) Specials	2,321
	(c) TOTAL (Periodic and Specials)...	10,645
(2) Number found to require treatment... ...		6,484
(3) Number referred for treatment		6,103
(4) Number actually treated		4,774
(5) Attendances made by pupils for treatment...		8,221
(6) Half days devoted to:-		
	(a) Inspection	42
	(b) Treatment	805
	Total	847
(7) Fillings:-		
	Permanent Teeth	3,871
	Temporary Teeth	101
	Total	3,972
(8) Number of teeth filled:-		
	Permanent Teeth	3,498
	Temporary Teeth	101
	Total	3,599
(9) Extractions:-		
	Permanent Teeth	1,135
	Temporary Teeth	5,473
	Total	6,608
(10) Administration of general anaesthetics for extraction		3,261
(11) Other operations:-		
	(a) Permanent Teeth	1,462
	(b) Temporary Teeth	-
	Total	1,462